0724

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

EVIDENCE FOR CHANGE IN ITEM # 18b. IS ON.

FILE No. G 119 MAR 10 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colmar Manor — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colmar Manor
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS (If rural, give location) 3913 Newark Road

3. NAME OF DECEASED (Type or Print) (First) FLORENCE (Middle) B (Last) ALTEMUS

4. DATE OF DEATH (Month) Jan (Day) 20 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Feb. 4, 1899

9. AGE last birthday 49 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Govt. Service

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Nicholas

14. MOTHER'S MAIDEN NAME Mary Scheaffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT Robert Altemus

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cachexia — ?

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Papillary carcinoma of rt. ovary with

(c) Generalized carcinomatosis [3/9/49 abcc] — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 4-7-48

19b. MAJOR FINDINGS OF OPERATION Carcinomatosis (generalized)

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 3, 1948, to JAN. 20, 1949, that I last saw the deceased alive on JAN. 18, 1949, and that death occurred at 7:45 A m., from the causes and on the date stated above.

SIGNATURE D. S. Clayman, M.D. (Degree or title) ADDRESS 6311 Balto. Ave - Riverdale, Md DATE SIGNED Jan. 20/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 1/22/49 — NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery — LOCATION (City, town, or county) (State) Suitland Maryland

DATE REC'D BY LOCAL REG. Jan 22/49 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR F. Gasch's Sons — ADDRESS Hyattsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0725

917.0

CERTIFICATE OF DEATH

181

Reg. Dist. No. 231

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (in this place) 30 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newton Village
STREET ADDRESS (If rural, give location) 4925 Munroe St.

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Margaret (Last) Anderson

4. DATE OF DEATH: (Month) Jan (Day) 21 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: Dec 14 1947

9. AGE last birthday: 1 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Raymond T. Anderson

14. MOTHER'S MAIDEN NAME: Anne Theresa Kurz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Shock

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) 2nd & 3rd degree burns of entire body. — 30 hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home

(CITY OR TOWN): Newton Village (COUNTY): Pr Geo. (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 20, 1949 A.M. 11:30

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? Fell into tub of scalding hot water.

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 6:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John D. Maloney, M.D. Deputy Medical Examiner — Cheverly Hyattsville Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 1/24/49

NAME OF CEMETERY OR CREMATORY: Ft Lincoln

LOCATION (City, town, or county) (State): Colmar Manor Md

DATE REC'D BY LOCAL REG. Jan 22/49

REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR — ADDRESS: F Gaskins Son Hyattsville Md

RECEIVED
JAN 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

420.1 / 131a

0726

Reg. Dist. No. 243

1. PLACE OF DEATH · COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mitchellville
LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Woodmoor Road

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mitchellville
STREET ADDRESS (If rural, give location) Woodmoor Road

3. NAME OF DECEASED (Type or Print) (First) Clarence (Middle) Martin (Last) Arnold

4. DATE OF DEATH (Month) (Day) (Year) Jan 31 1949

5. SEX M.

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) divorced

8. DATE OF BIRTH May 31, 1898

9. AGE last birthday 50 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Calvert E. Arnold

14. MOTHER'S MAIDEN NAME Alta Spigler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Merle B. Arnold - Brother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-vascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 1:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John T. Maloney, M.D., Deputy Medical Examiner - Cheverly - Hyattsville, Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 3 Feb 1949

NAME OF CEMETERY OR CREMATORY Holy Trinity

LOCATION (City, town, or county) (State) Collington Md.

DATE REC'D BY LOCAL REG. Feb 2/49

REGISTRAR'S SIGNATURE Amanda Downey Mrs J. W. Yingling

24. FUNERAL DIRECTOR ADDRESS F. Gaskins & Sons, Hyattsville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

159X 46m

0727

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY PR. GEORGE'S MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ST. MARY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CLINTON — LENGTH OF STAY (in this place) 3 MOS.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MECHANICSVILLE
HOSPITAL OR INSTITUTION OR STREET ADDRESS CLINTON	STREET ADDRESS (If rural give location) MECHANICSVILLE

3. NAME OF DECEASED (Type or Print)	(First) FANNIE	(Middle) JANE	(Last) ATKINS	4. DATE OF DEATH	(Month) 1	(Day) 18	(Year) 1949
5. SEX F	6. COLOR OR RACE W	7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) MARRIED	8. DATE OF BIRTH NOV. 1 1894	9. AGE last birthday 54 yrs.	If under 1 year Months 7	Days 11	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) GREENSBORO, N.C.	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME DOBSON	14. MOTHER'S MAIDEN NAME DOBSON						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CEREBRAL ANEMIA - DUE TO	
Antecedent cause(s)	(b) CARDIOVASCULAR COLLAPSE	2-4
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) CARCINOMA DUE TO GASTRO-INTESTINAL TRACT	YEARS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION NONE	19b. MAJOR FINDINGS OF OPERATION NONE	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN 16, 1949, to JAN 18, 1949, that I last saw the deceased alive on JAN 18, 1949, and that death occurred at 11-27 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Alfred R Lopez, M.D.

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 1/22/49	NAME OF CEMETERY OR CREMATORY Washington Natl	LOCATION (City, town, or county) Suitland P Gw. (State) Md
DATE REC'D BY LOCAL REG. 1/19/49	REGISTRAR'S SIGNATURE Carrie Campbell	24. FUNERAL DIRECTOR H. H. Chambers Co.	ADDRESS 517-11 St. S.E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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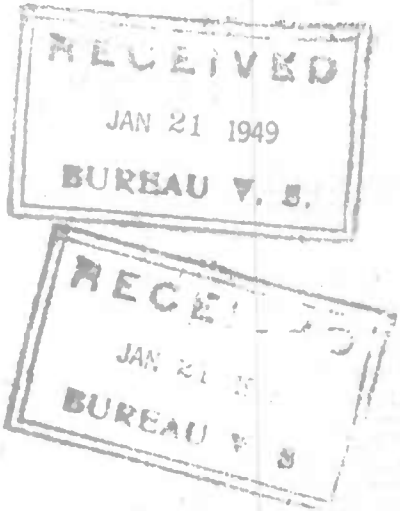
4
9
13
14
7
2 (hour)
Date Mapped

RECEIVED
JAN 21 1949
BUREAU V. S.

RECEIVED
JAN 21 1949
BUREAU V. S.



0728

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 420.1

CERTIFICATE OF DEATH

93d

Reg. Dist. No. 242

1. PLACE OF DEATH: Hillside Maryland
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 1412-52nd Pl. Washington 19 DC
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1412-52nd Place S.E. Hillside Md. Washington 19 DC

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Washington 19 DC.
STREET ADDRESS (If rural give location) 1412-52nd Place S.E.

3. NAME OF DECEASED (Type or Print) (First) Carl Wakefield (Middle) BACON. (Last)

4. DATE OF DEATH (Month) Jan. (Day) 22 (Year) 1949.

5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) married
8. DATE OF BIRTH March 14 1899
9. AGE last birthday 49 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic (Auto)
10b. KIND OF BUSINESS OR INDUSTRY Employed.
11. BIRTHPLACE (State or foreign country) Washington DC
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Harry Bacon
14. MOTHER'S MAIDEN NAME Blanche Wakefield.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 225052276
17. INFORMANT Mrs Carl Bacon (wife) Hillside Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Occlusion — 1/4 hr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis (with previous angina Pectoris attacks) — 2 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none or unknown

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) Natural
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from April 18, 1946, to Jan 22, 1949, that I last saw the deceased alive on Jan 18, 1949, and that death occurred at 10 30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] M.D. 5440 Silver Hill Rd S.E. Washington 19 DC

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify) Burial
DATE 1/25/49
NAME OF CEMETERY OR CREMATORY ~~Fort~~ Lincoln
LOCATION (City, town, or county) (State) Md —

DATE REC'D BY LOCAL REG. 1-23-49
REGISTRAR'S SIGNATURE Carrie F. Campbell
24. FUNERAL DIRECTOR J Wm Lee Sons Co. ADDRESS Washington DC

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 420.1 0729

CERTIFICATE OF DEATH 131a

Reg. Dist. No. 345

1. PLACE OF DEATH
COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampshire Knolls
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6406 Elliot Place

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Hyattsville
STREET ADDRESS (If rural, give location) 6406 Elliot Place

3. NAME OF DECEASED (Type or Print) (First) Jack (Middle) R. (Last) Baker

4. DATE OF DEATH (Month) Jan (Day) 8 (Year) 1949

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Dec. 20-1914

9. AGE last birthday 34 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Charlton, Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James R. Baker, Sr

14. MOTHER'S MAIDEN NAME Margaret Mayple

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Alice Margaret Baker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Sclerosis

(c) Cardio-vascular renal disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hemorrhagic Pancreatitis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney, M.D. Deputy Medical Examiner - Cheverly-Hyattsville Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 1-12-49

NAME OF CEMETERY OR CREMATORY Arlington National Cem

LOCATION (City, town, or county) / (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. Jan 8 1949

REGISTRAR'S SIGNATURE James Berry

24. FUNERAL DIRECTOR The S. H. Hines Co.

ADDRESS 2901-14th St. N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 10 1949
BUREAU V. S.

0730

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

450.0
93d

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH · COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (in this place) 7½ hours	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn Maryland
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) William H. Baker				4. DATE OF DEATH (Month) (Day) (Year) 1/18/49 19	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single widowed	8. DATE OF BIRTH Jan 7, 1878	9. AGE last birthday 71 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter	10b. KIND OF BUSINESS OR INDUSTRY self		11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Thomas Baker			14. MOTHER'S MAIDEN NAME Mary Benson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT William J. Baker		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic auricular

Antecedent cause(s) (b) Fibrilation with congestive heart failure

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Generalized arteriosclosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1947, to Jan 18, 1949, that I last saw the deceased alive on Jan 18, 1949, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE W. L. Etienne, M.D. (Degree or title) ADDRESS Berwyn, Md DATE SIGNED 1-18-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Jan 21, 1949	NAME OF CEMETERY OR ~~CREMATORY~~ St. John's	LOCATION (City, town, or county) (State) Beltsville Maryland
DATE REC'D BY LOCAL REG. 1/19/49	REGISTRAR'S SIGNATURE Amanda Downey	24. FUNERAL DIRECTOR F. Gasch's Sons	ADDRESS Hyattsville Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 24 1949
BUREAU V. S.

0731

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 153

CERTIFICATE OF DEATH 46 Reg. Dist. No. 765

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

1. PLACE OF DEATH: COUNTY Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS 3428-R.I. Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier; STREET ADDRESS (If rural give location) 3428-R.I. Ave.

3. NAME OF DECEASED (Type or Print): (First) Phillip (Middle) A (Last) Barbour

4. DATE OF DEATH: (Month) Jan. (Day) 20th (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar. 7-1886

9. AGE last birthday: 62 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shipping Clerk

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thos. S. Barbour

14. MOTHER'S MAIDEN NAME: Georgie Averill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Clara F. Barbour

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH: 36 hr -

Immediate cause (a) Uremia

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Sigmoid. Metastis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Feb. 8. 47.

19b. MAJOR FINDINGS OF OPERATION: (Carcinoma of Sigmoid. (colostomy)

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED Whlio at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-23, 1947, to Jan 20, 1949, that I last saw the deceased alive on Jan 20, 1949, and that death occurred at 8:25 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Wm H. Norton M.D. ADDRESS: 3827-34 St. DATE SIGNED: Mt. Rainier Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 1/22/49

NAME OF CEMETERY OR CREMATORY: Glenwood

LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: Jan 24 1949

REGISTRAR'S SIGNATURE: James Devers

24. FUNERAL DIRECTOR / ADDRESS: Wm. J. Malley 3200-R.I. Ave. Mt. Rainier, Md.

RECEIVED
JAN 24 1949
BUREAU V. S.

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816.5
170c

0732

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Neverdale, Md
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 4706 - Harford Road

3. NAME OF DECEASED (Type or Print) (First) Lawrence Earl (Middle) Bay (Last)

4. DATE OF DEATH (Month) Jan (Day) 6 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May 18, 1893
9. AGE last birthday 55 yrs. If under 1 year: Months 7, Days 18; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driver Salesman
10b. KIND OF BUSINESS OR INDUSTRY Bakery
11. BIRTHPLACE (State or foreign country) Papillion, Nebraska
12. CITIZEN OF WRAT COUNTRY? U.S.A.

13. FATHER'S NAME Kemp Bay
14. MOTHER'S MAIDEN NAME Jennie Doak

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Esther Hazel Bay

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intercranial hemorrhage with cerebral compression.

Antecedent cause(s) (b) Fractures at base of skull

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Automobile accident.

INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Crushed chest

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street
(CITY OR TOWN) Near Laurel (COUNTY) Pr. Geo. (STATE) Md
TIME OF INJURY (Month) 1 (Day) 6 (Year) 49 (Hour) 2.58 P. m.
INJURY OCCURRED While at Work ☒ Not While At work ☐
HOW DID INJURY OCCUR? Collision with another motor vehicle

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 5:35 P m., from the causes and on the date stated above.

SIGNATURE John T. Maloney, M.D. (Degree or title) Deputy Medical Examiner ADDRESS Hyattsville, Md DATE SIGNED 1-7-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 1/10/49
NAME OF CEMETERY OR ~~CREMATORY~~ Moreland Park
LOCATION (City, town, or county) Parkville (State) Md

DATE REC'D BY LOCAL REG. Jan 8-1949
REGISTRAR'S SIGNATURE R.W. - A. W. Hedrich
24. FUNERAL DIRECTOR Wm Cook Inc. 1217 St. Paul st. Balto. Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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0733

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

EVIDENCE FOR ADDITIONAL INFO. IN # 18,b. IS ON: FILM # G 119 - 4-5-49

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH — COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Forestville — LENGTH OF STAY (in this place): 61 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5361 Forestville Road

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Pr George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Forestville
STREET ADDRESS (If rural give location): 5361 Forestville Rd

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Wilmer (Last) Bayne
4. DATE OF DEATH (Month) Jan (Day) 16 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 2 1887
9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Storekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Own Store
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: John Henry Bayne
14. MOTHER'S MAIDEN NAME: Ellen R Darcey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT: Mrs Nellie America

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of lungs — May 10th 1948

162 Antecedent cause(s)

47d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Primary Bronchogenic (4/5/49 - AS)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 7, 1948, to Jan 16, 1949, that I last saw the deceased alive on Jan 16, 1949, and that death occurred at 11:20 P m., from the causes and on the date stated above.

SIGNATURE: W. Suit Ritchie (Degree or title) M.O. — ADDRESS: 7005 Ritchie Rd S.E. Wash 19 D.C. — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 1/19/49 — NAME OF CEMETERY OR CREMATORY: Epithany — LOCATION (City, town, or county) (State): Forestville P. Gen. Md

DATE REC'D BY LOCAL REG.: 1/16/49 — REGISTRAR'S SIGNATURE: Carrie F. Campbell — 24. FUNERAL DIRECTOR: H. H. Chambers Co. — ADDRESS: 517-11 St SE Wash DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 19 1949
BUREAU V. S.

EVIDENCE FOR ADDITION IN # 21 IS ON:
FILM No. G 119 MAR -7 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

491
107

0734

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County: Prince George

City or town: Riverdale, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Eugene Leland Memorial Hospital

How long in hospital or institution? 14 days - 3 hrs. - 40 min

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Prince George

City or town: Riverdale
(If outside city or town limits, write RURAL and give nearest town)

Street No. 5505 - 54th Ave
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Estelle Bennett (middle Name Elizabeth)

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Hanwalt Edwin Bennett

6.(c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.): Oct. 21 - 1909

8. AGE: Years 39 | Months 2 | Days 13 | If less than one day 1 hrs. 40 min.

9. Birthplace: Forrestville, Md
(Town, county, and state)

10. Usual occupation: Hswf

11. Industry or business

FATHER
12. Name: Emory Johnson Baldwin
13. Birthplace: Forrestville - Md.

MOTHER
14. Maiden name: Lizzie Maske
15. Birthplace: Forrestville Md

16. Informant: deceased (from Chart record)

Address

17. Burial (Burial, cremation, or removal, Which?) Date thereof: Jan 7, 1949 (month) (day) (year)

Cemetery or ~~crematory~~: Evergreen

Location: Bladensburg Md

18. Funeral director: F. Gasch's Sons

Address: Hyattsville Md

19. Jan 7 1949 (Date rec'd by registrar) James Sevy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 1-4 1949 at 11 40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1942, to Jan 4 1949 and that I last saw her alive on Jan 4 1949

Immediate cause of death	DURATION
Pneumonia, Broncho	2 days
Due to	
Due to	
Other conditions: Dementia precox. Recurrent. (Include pregnancy within 3 months of death)	2 weeks

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: L W Malin MD
M. D. or other

Address: Riverdale, Md Date signed 1-5-49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

177X 51b

0735

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Pro Georges Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie Md
LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Pro Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie Md
STREET ADDRESS (If rural give location) Springfield Rd

3. NAME OF DECEASED (Type or Print) (First) ARTHUR (Middle) GILLETTE (Last) BOWIE

4. DATE OF DEATH (Month) Jan (Day) 11. (Year) 1949

5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widower
8. DATE OF BIRTH Jan 4, 1866
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired B&O R R Co
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George French Bowie
14. MOTHER'S MAIDEN NAME Cornelia Magruder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. none
17. INFORMANT Eleanor Bowie Carlson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral haemorrhage	7 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Metastatic cancer	1 yr
	(c) Carcinoma of prostate	9 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1940
19b. MAJOR FINDINGS OF OPERATION Carcinoma of prostate
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 31, 1940, to Jan 11, 1949, that I last saw the deceased alive on Jan 11, 1949, and that death occurred at 6:30 P m., from the causes and on the date stated above.

SIGNATURE Robert S McCinney M.D. (Degree or title) ADDRESS 402 Main St Laurel Md DATE SIGNED 1/11/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Jan 13. 1949
NAME OF CEMETERY OR CREMATORY Holy Trinity
LOCATION (City, town, or county) Collington Md (State)

DATE REC'D BY LOCAL REG. Jan 13 1949
REGISTRAR'S SIGNATURE Amanda Downer
24. FUNERAL DIRECTOR F Gasch & sons ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 15 1949
BUREAU V. S.

EVIDENCE FOR CHANGE OF AGE & BIRTH DATE SHOWN ON:

FILM No. G 116 JAN 21 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

331X 83a 0736

Reg. Dist. No. 242

1. PLACE OF DEATH:
County: Prince George
City or town: Upper Marlboro Crain Highway
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Prince Geo
City or town: Upper Marlboro
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Crain Highway
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: Mary S. Brightley

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Widowed

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 22, ~~1885~~ 1886

8. AGE: Years	Months	Days	If less than one day
62 yr			hrs. min.

9. Birthplace: Bristol, Maryland (Town, county, and state)
10. Usual occupation: Domestic
11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Henrietta Gray
15. Birthplace: Maryland

16. Informant: Jerry Smith
Address: Gambrill, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 12 1949 (month) (day) (year)
Cemetery or crematory: Masons Cemetery
Location: Anne Arundel Co. Md.
18. Funeral director: JOHN T. STEWART
Address: 30 H Street, N.E. Wash; D.C.

19. 1/11/49 19 (Date rec'd by registrar) Carrie Campbell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 9, 49 at 130 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Dec 7 19 48 to Jan 9 19 49 and that I last saw h.. alive on Jan 7 19 49

Immediate cause of death	DURATION
Cerebral Hemorrhage	36 hrs
Due to: General arteriosclerosis	unknown
Due to: —	
Other conditions: — none of note	

(Include pregnancy within 3 months of death)

Major findings of operations: —
Date of op.:
Autopsy results: —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: —
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: [signature] M. D. Coroner
Address: Washington 19 D.C. Date signed: Jan 9 1949.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 14 1949
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

929.8 0737

CERTIFICATE OF DEATH

183 Reg. Dist. No. 230

1. PLACE OF DEATH
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn. Md
LENGTH OF STAY (in this place) 2 1/2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paint Branch - Off Metzerott Rd - Berwyn. Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE New Brunswick — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Canada
STREET ADDRESS (If rural, give location) Grand Harbor - Grand Manon

3. NAME OF DECEASED (Type or Print): (First) Calvin (Middle) Wilburn (Last) Brown
4. DATE OF DEATH: (Month) Jan (Day) 15 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
M	W	Married	April 29. 1871	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Traveling salesman	Grand Harbor - Grand Manon, Canada	Canada

13. FATHER'S NAME: James Brown
14. MOTHER'S MAIDEN NAME: Sarah Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
			Elsie Gladys Betts Brown, Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Drowning

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Accident	Paint Branch	Berwyn	Pr. Geo.	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR?
January 15, 1949 11:40 A m.		Was walking across Paint Branch when he fell on his face into stream.

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 11:40 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
John D. Maloney, M.D. Dep. Med. Examiner — near Berwyn - Cloverly - Hyattsville. — Md 1-16-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	1/18/49	Georgewashington	Hyattsville	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 17, 1949	Amanda Mooney	F. Gasche Sons	Hyattsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.0 0738

CERTIFICATE OF DEATH

93d Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY PRINCE GEORGE COUNTY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HILLSIDE
LENGTH OF STAY (in this place) ONE YEAR
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4906 L St., S.E. Wash. 19, D.C.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY PRINCE GEORGE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HILLSIDE
STREET ADDRESS (If rural give location) 4906 L St., S.E. Wash. 19, D.C.

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) SAMUEL (Last) BROWN

4. DATE OF DEATH (Month) JANUARY (Day) 27, (Year) 1949

5. SEX MALE

6. COLOR OR RACE WHITE

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) MARRIED

8. DATE OF BIRTH APRIL 17, 1874

9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY General Outdoor Advertising Company

11. BIRTHPLACE (State or foreign country) CULPEPPER, VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME DANIEL BROWN

14. MOTHER'S MAIDEN NAME MARY LUCY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) NONE

16. SOCIAL SECURITY NO. 579-05-8784

17. INFORMANT MARY IRMA BROWN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (n) Congestive Heart failure 8 days

Antecedent cause(s) (b) Arteriosclerotic heart disease 9 years

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan 18, 1949, to 26 Jan 1949, that I last saw the deceased alive on 26 Jan, 1949, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Robert C Hale (Degree or title) MD ADDRESS 35 NY Ave NW DATE SIGNED 28 Jan 49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE Jan. 31, 1949
NAME OF CEMETERY ~~OR CREMATORY~~ Wash. National
LOCATION (City, town, or county) Pr. Geo. Cy. (State) Md.

DATE REC'D BY LOCAL REG. 1-29-1949
REGISTRAR'S SIGNATURE Carrie F. Campbell.

24. FUNERAL DIRECTOR W. W. CHAMBERS COMPANY ADDRESS 517 11th ST., S.E. WASHINGTON, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 31 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

866.9 0739

CERTIFICATE OF DEATH

173 Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY; WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: enroute to hospital
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pronounced dead on arrival at Leland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Pennsylvania — COUNTY: Chester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Russelville
STREET ADDRESS (If rural, give location): Oxford - R. D #1.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	Marshall	Brown	Jan	30	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.
M	W	Married	June 23, 1926	22 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Barber	Barber shop	Elkton, Md	U.S.A.

13. FATHER'S NAME: Marshall G. Brown

14. MOTHER'S MAIDEN NAME: Helen Edith Mc Henry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Marshall G. Brown, Father.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage & shock.	40 min.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Multiple fractures & lacerations of body	
	(c) Airoplane crash landing	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Accident	farm	Chillum	Prince Georges	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR?
Jan. 30, 1949. 4.50 p.m.		Airoplane crash landing.

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 5.30 P.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John J. Malone, M.D. Dep. Med. Examiner	Cheverly-Hyattsville,	Md.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2 Feb. 1949	Oxford Cemetery	Chester Co. Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 31, 1949	James Berry	J. Basil's Sons	Hyattsville, Md.

RECEIVED
FEB 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

442X 61 0740

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince George's

City or town: District Heights

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 months

Hospital, institution, or street address where death occurred:

7116- Bellewood Ave

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Prince Georges

City or town: District Heights

(If outside city or town limits, write RURAL and give nearest town)

Street No. 7116- Bellewood Ave

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Mable Josephine Cameron

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Daniel W Cameron

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct 15, 1877

8. AGE: Years: 71 | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: Rhode Island (Town, county, and state)

10. Usual occupation: Housekeeper

11. Industry or business: Retired

FATHER 12. Name: Thomas Ardern

13. Birthplace: England

MOTHER 14. Maiden name: O'Connell

15. Birthplace: Rhode Island

16. Informant: Elizabeth S. Good

Address: 7116 Bellewood Ave, Hyattsville Md

17. Crematory (Burial, cremation, or removal. Which?) Date thereof: Jan 6 1949 (month) (day) (year)

Cemetery or crematory: Cedar Hill

Location: Suitland Md

18. Funeral director: L Gaskins Sons

Address: Hyattsville Md

19. Jan 5 1949 (Date rec'd by registrar) Amanda Dorsey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 3 1949 at 7:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Acute congestive heart failure	
Due to: Cardiovascular renal disease	
Due to:	
Other conditions: Diabetes	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Deputy Medical Examiner James H. Boyd M.D.

Address: Forestville Md Date signed: 1-3-49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JAN 10 1949
BUREAU V. S.

0741

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 443 X

CERTIFICATE OF DEATH 93d Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cedar Heights | LENGTH OF STAY (in this place) 32 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1105 - 64th Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cedar Heights
STREET ADDRESS (If rural, give location) 1105 - 64th Ave.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Elizabeth (Last) Campbell

4. DATE OF DEATH: (Month) January (Day) 25 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10-25-1893

9. AGE last birthday: 55 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Charles Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Fillmore Wells

14. MOTHER'S MAIDEN NAME: Annie —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Carell M. Wells

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Failure	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	?
	(c) Left Ventricular Failure	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Senility

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-22, 1949, to 1-25, 1949, that I last saw the deceased alive on 1-24, 1949, and that death occurred at 7:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John W. Robinson, M.D. ADDRESS 1001 Eastern Ave. N.E. DATE SIGNED 1/25/49

23. BURIAL, CREMATION / REMOVAL (Specify): Removal | DATE 1-26-49 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State): Wash. D.C.

DATE REC'D BY LOCAL REG. 1/26/49 | REGISTRAR'S SIGNATURE Carrie L. Campbell | 24. FUNERAL DIRECTOR Henry S. Washington & Sons ADDRESS 467 N St. N.W.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JAN 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0742

CERTIFICATE OF DEATH 472.1 115c

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mannigsale | MARYLAND | LENGTH OF STAY (in this place) 5 mos | HOSPITAL OR INSTITUTION OR STREET ADDRESS 13 Marrianna Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland | COUNTY Prince Georges | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mannigsale | STREET ADDRESS (If rural give location) 13 Marrianna Drive

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Edwin (Last) Carruth Jr

4. DATE OF DEATH: (Month) Jany (Day) 22 (Year) 1949

5. SEX male | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single | 8. DATE OF BIRTH December 8, 1947 | 9. AGE last birthday 1 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Washington D.C. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Edwin Carruth | 14. MOTHER'S MAIDEN NAME Grace Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT James E. Carruth

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Toxemia

(c) Acute Pharyngitis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jany 21, 1949, to Jany 22, 1949, that I last saw the deceased alive on Jany 21, 1949, and that death occurred at 8:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

James E. Boyd M.D. | Forestville Md | 1-22-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Jan 24-49 | NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery | LOCATION (City, town, or county) Suitland Md (State)

DATE REC'D BY LOCAL REG. Jan. 22-1949. | REGISTRAR'S SIGNATURE Edna F. Collins | 24. FUNERAL DIRECTOR Arthur E. Simmons | ADDRESS Jr. 2007 Nichols ave. S.E. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 28 1949
BUREAU V. B.

0743

861.8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

173 Reg. Dist. No. 232

1. PLACE OF DEATH COUNTY: Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: New York COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brandywine Hgts. LENGTH OF STAY (in this place): Transient	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: New York City
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location): 27 W. 96th Street

3. NAME OF DECEASED (Type or Print)	(First) Theodore	(Middle)	(Last) Catz	4. DATE OF DEATH	(Month) Jan.	(Day) 6	(Year) 1949
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: March 5, 1921	9. AGE last birthday: 27 yrs.	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Airplane Co-pilot	10b. KIND OF BUSINESS OR INDUSTRY: Air Cargo, Inc	11. BIRTHPLACE (State or foreign country): Rotterdam, Holland	12. CITIZEN OF WHAT COUNTRY? U.S.				
13. FATHER'S NAME: James Catz	14. MOTHER'S MAIDEN NAME: Louisa VanDantzig						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY No.: 131-22-7709	17. INFORMANT: Frank J. Catz, brother					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Shock

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple Crushing and bruising injuries to body

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): Accident	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): In a woods	(CITY OR TOWN): Brandywine	(COUNTY): P.G.	(STATE): Md
TIME OF INJURY (Month) (Day) (Year) (Hour): 1-6-49 7:30 A.m.	INJURY OCCURRED While at Work ☒ Not While At work ☐	HOW DID INJURY OCCUR? Airplane Crash		

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 7:30 A.m., from the causes and on the date stated above.

SIGNATURE: James T. Boyd M.D. (Degree or title) Deputy medical Examiner — ADDRESS: Forestville Md — DATE SIGNED: 1-8-49

23. BURIAL, CREMATION REMOVAL (Specify): Removal	DATE: 1-7-49	NAME OF CEMETERY OR CREMATORY: Teaneck	LOCATION (City, town, or county): Teaneck	(State): N.J.
DATE REC'D BY LOCAL REG.: Jan 7 1949	REGISTRAR'S SIGNATURE: [signature]	24. FUNERAL DIRECTOR: Ritchie Bros.	ADDRESS: Upper Marlboro, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 10 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

442 X 0744

CERTIFICATE OF DEATH

131a

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) (Last) Chapman

4. DATE OF DEATH (Month) Jany (Day) 9 (Year) 1949

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH Dec 25, 1878

9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Stephen Chapman

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Leroy Chapman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Intra Cranial hemorrhage

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1947, to Jan 9, 1949 that I last saw the deceased alive on Jan 7, 1949, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

SIGNATURE James S. Boyd M.D. (Degree or title) ADDRESS Forestville Md DATE SIGNED 1-9-49

23. BURIAL CREMATION REMOVAL (Specify) DATE 1-13-49 NAME OF CEMETERY OR CREMATORY Mt. Carmel LOCATION (City, town, or county) (State) Upper Marlboro Md

DATE REC'D BY LOCAL REG. Jan. 9, 1949 REGISTRAR'S SIGNATURE Carrie F. Campbell

24. FUNERAL DIRECTOR Robert G. McGuire ADDRESS 1820-9 St NW. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 14 1949
BUREAU V. S.

T0.9611

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

442X
1310

0745

Reg. Dist. No. 245

1. PLACE OF DEATH:
County: Prince George
City or town: Riverdale, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
Eugene Leland Memorial Hospital
How long in hospital or institution? 5 days - 16 hrs - 55 min

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother.)
State: MARYLAND County: Prince Geo
City or town: BERWYN
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 6206 Baltimore Blvd.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: McCracken, Alpheus Clawson

3.(b) Social Security Number: 182-05-7256.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Divorced

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 7 - 1899

8. AGE:

Years	Months	Days	If less than one day
49	6	27	11 hrs. 35 min.

9. Birthplace: Atlantic City - New Jersey
(Town, county, and state)

10. Usual occupation: Service Station Attendant

11. Industry or business

FATHER
12. Name: Alpheus Clawson McCracken
13. Birthplace: New Jersey

MOTHER
14. Maiden name: Lillian Blakie
15. Birthplace: New Jersey

16. Informant: Deceased (from Chart Record)
Address

17. Transportation (Burial, cremation, or removal. Which?) Date thereof 1/6/49 (month) (day) (year)
Cemetery or crematory: Harleigh Cemetery
Location: New Jersey

18. Funeral director: J. T. Davis & Sons.
Address: Hyattsville Md.

19. Jan 6 1949 (Date rec'd by registrar) James Seay Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 1-4 1949 at 11 35 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 31 1948 to Jan 4 1949 and that I last saw him alive on Jan 4. 1949

Immediate cause of death	DURATION
Uremia	3 days
Due to: Cardiovascular renal disease	Unknown
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: L W Malin MD
M. D. or other
Address: Riverdale, Md. Date signed: 1-5-49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

RECEIVED
JAN 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 442 X 0746

CERTIFICATE OF DEATH 13a Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Capital Heights
LENGTH OF STAY (In this place): 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4902-7 Street

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Capital Heights
STREET ADDRESS (If rural, give location): 4902-7 Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Bessie	Regina	Compher	Jan	29	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	April 1, 1894	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	District of Columbia	U.S.A.

13. FATHER'S NAME: John Henry Hundle
14. MOTHER'S MAIDEN NAME: Jennie Adams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT: John Compher

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Congestive heart failure

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that ~~I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that~~ death occurred at 4:0°P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James D. Boyd	Deputy Medical Ex	Forestville Md	1-29-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feb. 1 1949	Glenwood Cemetery	Washington	D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/29/49	Carrie F. Campbell	W. W. Chambers	517-11th St. S.E.

VS. A15

RECEIVED
FEB 24, 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

196x 0747

CERTIFICATE OF DEATH 55b Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier; LENGTH OF STAY (in this place) 20 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 3709 - 34th st.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier; STREET ADDRESS (If rural give location) 3709 - 34th st.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Emma	V	Dambras	/	22	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	July 21 1877	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home keeper		Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jefferson Mathers	Martha Gant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Michael Dambras

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cancer of Stomach	1 year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cancer of lower Right Femur	4 years
(c) Cancer of Upper Rt. Tibia	4 years.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED Whilo at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov. 8, 1948, to Jan. 22, 1949 that I last saw the deceased alive on Jan. 20, 1949, and that death occurred at 3:30 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles C. Hagcage	M.D.	Mt. Rainier, Md.	Jan. 22, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/27/49	Fort Lincoln	Bladensburg, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 24 1949	James Berry	Wm J Talley	3200 - R.I. ave. Mt. Rainier, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JAN 26 1949
BUREAU V. S.

EVIDENCE FOR ADDITIONS #21, 15 ON:

FILM No. G 119 MAR -7 1949

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oneverly — LENGTH OF STAY (In this place) 27 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 4314 Hamilton St
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Hospital	STREET ADDRESS (If rural, give location) Hyattsville Maryland.

3. NAME OF DECEASED (Type or Print) (First) Frederick (Middle) (Last) Dannenberg			4. DATE OF DEATH (Month) 1/ (Day) 17/ (Year) 1949	
5. SEX male Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single	8. DATE OF BIRTH July 18, 1881	9. AGE last birthday 68 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer	10b. KIND OF BUSINESS OR INDUSTRY Sanitary Comm		11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Frederick K. Dannenberg.			14. MOTHER'S MAIDEN NAME Eliza Wood Sumwalt.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.		17. INFORMANT Hospital records	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypostatic Pneumonia

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congestive Heart Failure.

(c) Fracture Rt Hip.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Emphysema - Healed Pulmonary Tuberculosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street	(CITY OR TOWN) wash. (COUNTY) (STATE) D.C.	
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? Fall - in front of Sibley Hosp.	

22. I hereby certify that I attended the deceased from 3-10, 1940, to 1-18, 1949, that I last saw the deceased alive on 1-17, 1949, and that death occurred at 8:35 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. Oetz M.D. ADDRESS DATE SIGNED 1-1849

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Jan 21, 1949	NAME OF CEMETERY OR ~~CREMATORY~~ Greenmount	LOCATION (City, town, or county) Baltimore (State) Maryland
DATE REC'D BY LOCAL REG. Jan. 21, 1949	REGISTRAR'S SIGNATURE Amanda Downey	24. FUNERAL DIRECTOR F. Gasch's Sons	ADDRESS Hyattsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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0749

CERTIFICATE OF DEATH

Reg. Dist. No. 234

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brodbury Heights — LENGTH OF STAY (in this place) 1½ years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4805 - D Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brodbury Heights
STREET ADDRESS (If rural, give location) 4805 D Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Thomas	Dewdney	Jany	26	19 49

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	Jan 18 1895	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Plumber	Building	Washington D.C.	U.S.A.

13. FATHER'S NAME: John Thomas Dewdney
14. MOTHER'S MAIDEN NAME: Susan Bartlett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		220-12-2787	Mrs Margaret Dewdney

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that ~~I attended the deceased from ..... 19..... to ..... 19.....~~, that ~~I last saw the deceased~~ alive on ..... 19....., and that death occurred at 5:30 p m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James J. Boyd	Deputy Med. Ex.	Forestville Md	1-26-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	Jan. 29-1949	Cedar Hill	Suitland	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 26-1949	Amand J Beall	Arthur E. Simmons Jr	2007 Nichols Ave SE

RECEIVED
FEB 3 1949
BUREAU V. S.

EVIDENCE FOR CHANGE OF AGE IS ON:

FILM No. G 118 FEB -2 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

443 X 930 0750

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Highland Park; LENGTH OF STAY (in this place) 20 yrs; MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Pr. Geo; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Highland Park; STREET ADDRESS (If rural, give location) 70th & N. St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Alexander		Diggs	Jan	24	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.
M	C	Widowed	Aug 1st 1870	78 Yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Philip Diggs	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
		Eugene Diggs - Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive cardio-vascular disease

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Arteriosclerosis - Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 5:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John J. Maloney, M.D. Deputy Md. Examiner	Cheverly-Hyattsville, Md	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	1-27-49	Mt. Olivet Cemetery	Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/25/49	Amanda Downey	Robert G. McGuire	1820-9th St. N.W. Wash, D.C.

VS. A15

RECEIVED
JAN 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0751

334 X

838

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY PR. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RIVERDALE
STREET ADDRESS (If rural, give location) 6214 - Sheridon St.

3. NAME OF DECEASED (Type or Print): (First) WADE (Middle) JAMES (Last) DIGNAN

4. DATE OF DEATH: (Month) 1 (Day) 17 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)

8. DATE OF BIRTH: Aug 23-1888

9. AGE last birthday: 60 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer (Steam)

10b. KIND OF BUSINESS OR INDUSTRY: Department Develpt

11. BIRTHPLACE (State or foreign country): PENN (Shade Gap)

12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: John Dignan

14. MOTHER'S MAIDEN NAME: Anne Westcott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 200-12-7298

17. INFORMANT: DAughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypostatic Pneumonia.	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Sclerosis - arteriosclerosis	several
	(c) Generalized Cerebral infarction	years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: no

19b. MAJOR FINDINGS OF OPERATION: no

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: no (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1948, to Jan 17, 1949, that I last saw the deceased alive on Jan 16, 1949, and that death occurred at 3:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dayton O Watkins MD, Hyattsville Md 1-18-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Jan 19, 1949 — NAME OF CEMETERY OR ~~CREMATORY~~: Ft. Lincoln — LOCATION (City, town, or county) (State): Colmar Manor Maryland

DATE REC'D BY LOCAL REG. 1/19/49 — REGISTRAR'S SIGNATURE: Amanda Mooney

24. FUNERAL DIRECTOR — ADDRESS: F. Gasch's Sons Hyattsville Md.

RECEIVED
JAN 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

420.0
93d

CERTIFICATE OF DEATH

Reg. Dist. No. 075245

1. PLACE OF DEATH:
County: Prince Georges
City or town: Riverdale
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 mo.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Prince Georges
City or town: Riverdale
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 6218 Riverdale Road
(If rural, give LOCATION)
2.(a) If veteran, name war: none

3. (a) FULL NAME: MYRA MAY DIXON

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: ~~xxx~~ Bentley Thomas Dixon
6.(c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): August 12th, 1892

8. AGE: Years	Months	Days	If less than one day
56	4	20	hrs. min.

9. Birthplace: Comus, Montgomery County, Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: George Washington Luhn
13. Birthplace: Maryland

MOTHER
14. Maiden name: Amelia May Reid
15. Birthplace: Maryland

16. Informant: Leslie H. Dixon
Address: 529 S. Fulton Ave., Baltimore, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 4th, 1949 (month) (day) (year)
Cemetery or crematory: Loudon Park Cemetery
Location: Baltimore, Md.

18. Funeral director: W. W. Chambers Company
Address: 5801 Cleveland Ave., Riverdale, Md.

19. Jan 2 1949 (Date rec'd by registrar) James Serra Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 1 1949, at 9 45 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 23 1948 to Jan 1 1949 and that I last saw h...r alive on Dec 29 1948

Immediate cause of death	DURATION
Coronary Thrombosis	1 hour
Due to: arteriosclerotic Heart Disease	1 yr
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: L W Mahn MD
M. D. or other
Address: Riverdale Md Date signed: 1-1-49

VS-A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 5 1949
BUREAU T. S.

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MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

420.1
94a

0753

Reg. Dist. No. 242

1. PLACE OF DEATH:

County: Pr. George's Co

City or town: Forestville, Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Pr. Geo's Co

City or town: Forestville Md
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Charles W. Douglass

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Marie E. Douglass

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Jan 23rd 1891

8. AGE: Years 57 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual occupation: Statistician

11. Industry or business

FATHER
12. Name: William T. Douglass
13. Birthplace: Baltimore, Md

MOTHER
14. Maiden name: Sarah O. Collins
15. Birthplace: Baltimore, Md

16. Informant: Mrs. Marie E. Douglass

Address: Forestville Md

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: Jan 7th-49
(month) (day) (year)

Cemetery or crematory: Cedar Hill Cemetery

Location: Suitland Maryland

18. Funeral director: Arthur E. Simmons Jr.

Address: 2007 - Nichols Ave SE

19. Jan 5 1949 (Date rec'd by registrar) Edna F. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 5 1949 at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from October 10 1948, to Jan 5 1949 and that I last saw him alive on Jan 3 1949

Immediate cause of death: Coronary occlusion, acute

Due to: Coronary heart disease

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

DURATION: 3 mo.

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: Ernest E. Cornelsen M.D.
M. D. or other

Address: 4400 Bowen Rd SE Washington Date signed: 1/5/44

RECEIVED
JAN 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

491X 940 0754

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH:
County: PRINCE GEORGES
City or town: R.F.D. HYATTSVILLE, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred: MOTHER JONES REST HOME, RIGGS Rd. EXT.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: D. C. County: —
City or town: WASHINGTON
(If outside city or town limits, write RURAL and give nearest town)
Street No. 2633 ADAMS MILL RD. N.W.
(If rural, give LOCATION)
2.(a) If veteran, name war: V

3.(a) FULL NAME: THOMAS FRANK DOYLE

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	MARRIED

6.(b) Name of husband or wife: AGNES W. DOYLE
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): MAR 5, 1859.

8. AGE:

Years	Months	Days	If less than one day
89	10	21	..... hrs. ..... min.

9. Birthplace: LONDON, ENGLAND. (Town, county, and state)
10. Usual occupation: RETIRED - BLDG. INSPECTOR. DC
11. Industry or business: BLDG TRADES.

FATHER
12. Name: Patrick Doyle
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: MR. T.K. BURROWS, JR.
Address: 2633 ADAMS MILL RD N.W.

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof JAN. 29 1949. (month) (day) (year)
Cemetery or crematory: Mount Olivet Cemetery
Location: Bladensburg Rd. NE. Wash. D.C.

18. Funeral director: Arthur L. Walters.
Address: 254 CARROLL ST. N.W. TAKOMA PARK, D.C.

19. January 27 1949 (Date rec'd by registrar) John D. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 26 January 1949 at 4:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2 January 1949, to 26 January 1949 and that I last saw him alive on 23 January 1949.

	DURATION
Immediate cause of death: Coronary occlusion	3-4 hrs.
Due to: Broncho Pneumonia (Jan 2 to 16 1949)	2 weeks
Due to:	
Other conditions: Arteriosclerosis Generalized.	

(Include pregnancy within 3 months of death)

Major findings of operations: — Date of op. —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: A B Allen M.D.
M. D. or other
Address: Takoma Park, Md. Date signed 26 Jan. 1949

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JAN 31 1949
BUREAU V. S.

Evidence for change of year shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

450.0
97

0755

Form No. G 118 JAN 17 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County 3605 Perry St Mt Rainier Md

City or town
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Prince Georges Co

City or town
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Mary R Duncan

3. (b) Social Security Number

4. Sex female

5. Color or race white

6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife John F

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 21 ~~XXXXXX~~ 1862

8. AGE: Years 86 Months Days If less than one day hrs. min.

9. Birthplace Scotland
(Town, county, and state)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name William Russell
13. Birthplace Scotland

MOTHER
14. Maiden name Helen Walker
15. Birthplace Scotland

16. Informant Ellen J Hall
Address 3605 Perry St Mt Rainier Md

17. Cremation
(Burial, cremation, or removal. Which?)
Date thereof Jan 4 1949
(month) (day) (year)

Cemetery or crematory Lees Funeral Home

Location 3004 Ft St NE D C

18. Funeral director J William Lee Sons Co
Address 3004 Ft St NE D C

19. Jan 3 1949 James Severy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 2 1949 at 10 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1948, to Jan 2 1949 and that I last saw her alive on Jan 2 1949

Immediate cause of death Cardiac failure — DURATION immediate

Due to General arteriosclerosis

Due to Chronic

Other conditions None

(Include pregnancy within 3 months of death)

Major findings of operations ✓

Date of op.

Autopsy results ✓

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Guy W Ratner MD
M. D. or other

Address Hyattsville Md Date signed Jan 3, 1949

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JAN 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0756

299 x 830

CERTIFICATE OF DEATH

Reg. Diat. No. 231

1. PLACE OF DEATH:

County Prince George

City or town Cheverly, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 mo 1 day

Hospital, Institution, or street address where death occurred: Prince Georges General Hospital

How long in hospital or institution? 1 month 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Riverdale
(If outside city or town limits, write RURAL and give nearest town)

Street No. 4509 Oliver Street
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Lola Edwards

3. (b) Social Security Number Unknown

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) November 7 1924

8. AGE: Years 24 | Months 2 | Days 3 | If less than one day ..... hrs. ..... min.

9. Birthplace D. C.
(Town, county, and state)

10. Usual occupation Telephone Operator

11. Industry or business

FATHER — 12. Name Alvin A. Padgett

13. Birthplace Clinton, Maryland

MOTHER — 14. Maiden name Edith Bunch

15. Birthplace Wash. DC.

16. Informant Edith P. Newquist

Address 4509 Oliver St. - Riv. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 12/1949 (month) (day) (year)

Cemetery or crematory Washington Natl Cemetery

Location Suitland Md.

18. Funeral director W. W. Chambers Co.

Address 5801 Cleveland Ave Riverdale Md

19. (Date rec'd by registrar) 1/11 1949 Amanda Deurney Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10 1949 at 1 03 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h...er alive on January 10 1949.

	DURATION
Immediate cause of death Intracerebral Hemorrhage	
Due to Blood dyscrasia	
Due to	
Other conditions Splenomegaly.	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results Intracerebral Hemorrhage

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Hyattsville Md Date signed 1-10-49

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 13 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

860.8 0757

CERTIFICATE OF DEATH

173 Reg. Dist. No. 242

1. PLACE OF DEATH:

County: Prince Georges

City or town: Andrews Air Force Base
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Aircrft accident

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: D.C. County:

City or town: Washington
(If outside city or town limits, write RURAL and give nearest town)

Street No. 4329 Windon Place N.W.
(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (a) FULL NAME: DAVID J. ELLINGER

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Ruth C. Ellinger

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 18 July 1901

8. AGE: Years	Months	Days	If less than one day
47	6	5	hrs. min.

9. Birthplace: Harrisburg Pa.
(Town, county, and state)

10. Usual occupation: Officer

11. Industry or business: U.S. Air Force

MOTHER FATHER

12. Name: George W. Ellinger

13. Birthplace: Harrisburg, Pa.

14. Maiden name: Dora Kibsinger,

15. Birthplace: Harrisburg, Pa.

16. Informant: Personal papers

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 29 1949 (month) (day) (year)

Cemetery or crematory: Arlington Nat. Cemetery

Location: Arlington Va.

18. Funeral director: Walter Funeral Home

Address: 301 E. Capitol St Wash D.C.

19. Jan. 25 1949 (Date rec'd by registrar) Edna F. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 23 January 1949 at 8:30p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dead on arrival 19 to 19

and that I last saw h alive on 19

Immediate cause of death	DURATION
Fracture skull	
Due to: Aircraft accident	
Due to:	
Other conditions: Multiple injuries	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: aircraft accident Date of 23 January

Where did injury occur? Andrews Air Force Base, Wash 20D.C
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?): Aircraft

Means of injury: Crash Injured at work?

23. SIGNATURE: Robert Nelson
R.A. Nelson Capt. M.C.
M. D. or other

Address: Andrews Air Force Base Date signed:

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 31 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

776 x 0758

CERTIFICATE OF DEATH

159 Reg. Dist. No. 231

1. PLACE OF DEATH · COUNTY Prince George MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE MARYLAND COUNTY PR. GEO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RIVERDALE
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Hosp.	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Boy (Last) Ennis			4. DATE OF DEATH (Month) JAN. (Day) 24 (Year) 1949		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	8. DATE OF BIRTH 1-24-49	9. AGE last birthday — yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min. 55
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) RIVERDALE, PR. GEO COUNTY		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Pauline Ruth Ennis		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Mother -		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-24, 1949, to 1-24, 1949, that I last saw the deceased alive on 1-24, 1949, and that death occurred at 9 pm m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Leonard Hays M.D.		Hyattsville, Md -	1-25-49

23. ~~BURIAL~~, CREMATION ~~REMOVAL~~ (Specify)	DATE 1/26/49	NAME OF CEMETERY OR CREMATORY Prince George's General Hospital	LOCATION (City, town, or county) (State) Cheverly, Md
DATE REC'D BY LOCAL REG. 1/29/49	REGISTRAR'S SIGNATURE Amanda Downey	24. FUNERAL DIRECTOR A R Besley, Supt.	ADDRESS Cheverly, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 1 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

443X 0759

CERTIFICATE OF DEATH

93d

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md. LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Maryland
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) 5107 42th avenue

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) John Joseph Fainter	4. DATE OF DEATH (Month) (Day) (Year) Jan 20, 1949 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
male	white	married	June 1, 1866	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	plate printer	Washington D. C.	U. S. A.

13. FATHER'S NAME John C. Fainter	14. MOTHER'S MAIDEN NAME Bridget Foley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT Mr. R. Mary Fainter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Accident — 5 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Heart Disease

(c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1, 1936, to 1-20, 1949, that I last saw the deceased alive on 1-20, 1949 and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. Kautz M.D.		Hyattsville Md.	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR ~~CREMATORY~~	LOCATION (City, town, or county) (State)
Burial	1/24/49	Ft Lincoln	Colmar Manor Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 23 1949	James Severy	F. Gasch's Sons	Hyattsville Md.

RECEIVED
JAN 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

331X 330

0760

Reg. Dist. No. 765

1. PLACE OF DEATH:

County: PRINCE GEORGE'S COUNTY

City or town: RIVERDALE, MARYLAND (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: LELAND MEMORIAL HOSPITAL

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Prince Georges

City or town: Hyattsville (If outside city or town limits, write RURAL and give nearest town)

Street No.: Sacred Heart Home 5805 2nd ave (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: MISS MARY FANNING

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	SINGLE

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Sept. 10, 1878

8. AGE: Years	Months	Days	If less than one day
70	3	28	..... hrs. ..... min.

9. Birthplace: Wash D.C. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER — 12. Name: John Fanning; 13. Birthplace: Ireland

MOTHER — 14. Maiden name: Bridget Manion; 15. Birthplace: Ireland

16. Informant: HOSPITAL RECORDS

Address: LELAND MEMORIAL HOSP.

17. Burial (Burial, cremation, or removal. Which?) Date thereof JAN 10 1949 (month) (day) (year)

Cemetery or crematory: Mt. Olivet Cem.

Location: Washington, D.C.

18. Funeral director: Jas. Saunders Sons

Address: 756 Kenyon Ave N.W.

19. Jan 8 1949 (Date rec'd by registrar) James Seery Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 8 1949 at 2:37 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 22 1948 to Jan. 8 1949 and that I last saw h... alive on Jan. 7 1949

Immediate cause of death	DURATION
Resp. failure	
Due to: Cerebral vascular accident	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: None Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: J. A. Messina M.D. M. D. or other

Address: Riverdale, Md Date signed 1/8/49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

4309 - Savage

RECEIVED
JAN 10 1949
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1 94a 0761

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH COUNTY Morningside, Md Prince George's Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 20 DC
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 301 - Maple Road SE. Washington 20 DC

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Pr. Geo. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 301 - Maple Road SE, Morningside, Md. Washington 20 DC
STREET ADDRESS (If rural, give location) 301 Maple Road SE Washington 20 DC (Morningside Md)

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Filippelli (Last) Filippelli
4. DATE OF DEATH (Month) Jan (Day) 22 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) married
8. DATE OF BIRTH Feb 2 1878
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Clerk
11. BIRTHPLACE (State or foreign country) Italy
12. CITIZEN OF WHAT COUNTRY? M.S
13. FATHER'S NAME Lorenza Filippelli
14. MOTHER'S MAIDEN NAME Carmela Colella
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Dora Filippelli

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Occlusion — immediate

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General arteriosclerosis — unknown

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute indigestion following a heavy meal Jan 10th 1949. Tender over gall bladder Jan 14.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Natural Causes
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan 14, 1949, to Jan 22, 1949, that I last saw the deceased alive on Jan 21, 1949, and that death occurred at 5 30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Paul C Van Natta MD. 5440 Silver Hill Rd SE Washington 19 DC Jan 22 1949

23. BURIAL, CREMATION REMOVAL (Specify) DATE 1/22/49 NAME OF CEMETERY OR CREMATORY Mach. DC LOCATION (City, town, or county) D.C. (State)

DATE REC'D BY LOCAL REG. 1/22/49 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Timothy Hanlon ADDRESS Funeral Home 641 - H St. N.E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 24 1949
BUREAU V. S.

EVIDENCE FOR CORRECTION OF AGE IS ON: FILM NO. G118, 2-4-49

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

441X 0762

CERTIFICATE OF DEATH

93d Reg. Dist. No. 245

1. PLACE OF DEATH COUNTY Prince George MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale Md — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glendale Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hospital	STREET ADDRESS (If rural, give location) Bowie Md P.O.

3. NAME OF DECEASED (Type or Print) (First) DAISY (Middle) KERR (Last) GARDNER — 4. DATE OF DEATH (Month) Jan (Day) 10 (Year) 1949

5. SEX Female — 6. COLOR OR RACE White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married — 8. DATE OF BIRTH sept 16, 1878 — 9. AGE last birthday 70 ~~71~~ yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife — 10b. KIND OF BUSINESS OR INDUSTRY own home — 11. BIRTHPLACE (State or foreign country) Ohio — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Samuel H. Kerr — 14. MOTHER'S MAIDEN NAME Minnie Stewart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT Mr Charles Hardy Gardner:-

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial degeneration — 6 mo

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Malignant hypertension — 10 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) no — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5, 1942, to Jan 10, 1949, that I last saw the deceased alive on Jan 10, 1949, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE Robert S McCamey (Degree or title) M.D. ADDRESS 402 Main St Laurel Md DATE SIGNED 1/11/49

23. ~~BURIAL~~, CREMATION ~~REMOVAL~~ (Specify) Cremation — DATE Jan 15, 1949 — NAME OF ~~CEMETERY~~ OR CREMATORY Cedar Hill — LOCATION (City, town, or county) (State) Suitland Md

DATE REC'D BY LOCAL REG. Jan 15 1949 — REGISTRAR'S SIGNATURE James Severe — 24. FUNERAL DIRECTOR F Gasch's sons — ADDRESS Hyattsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JAN 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

177X / 51b

0763

Reg. Dist. No. 245

1. PLACE OF DEATH:

County: Prince George

City or town: Chillum Area Hyattsville P.O.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 18 months

Hospital, institution, or street address where death occurred: None

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Prince George

City or town: Chillum
(If outside city or town limits, write RURAL and give nearest town)

Street No. 5606 Sargent Rd.
(If rural, give LOCATION)

2.(a) If veteran, name war: None

3.(a) FULL NAME: Luther Barnes Garner

3.(b) Social Security Number: 579-28-1151 A

4. Sex: male

5. Color or race: white

6.(a) Single, married, widowed, or divorced: widowed

6.(b) Name of husband or wife: Susan Caraline Garner deceased

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 1 December 1869

8. AGE: Years 79 | Months | Days | If less than one day ..... hrs. ..... min.

8. Birthplace: Port Tobacco Md.
(Town, county, and state)

10. Usual occupation: Bricklayer

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. ~~Informant~~ ~~Elizabeth~~ Elizabeth May Boyd
Address: 5606 - Chillum Sargent Rd.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: JAN 18 1949 (month) (day) (year)

Cemetery or crematory: Cedar Hill Cemetery

Location: Suitland Md.

18. Funeral director: J. William Lee Sons Co.
Address: 300 - 4th St N.E. Wash, D.C.

19. Jan 15 1949 Jacob Sevry
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 15 January 1949 at 10 15 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1948 to 15 Jan 1949 and that I last saw him alive on 14 January 1949

Immediate cause of death: Cancer of prostate — DURATION: 5 months

Due to

Due to

Other conditions: Arteriosclerosis — 5 years
(Include pregnancy within 3 months of death)

Major findings of operations: Inoperable Cancer of prostate — Date of op. 23 Dec 1948

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Thomas Emmatting by M.D. M. D. or other

Address: 2200 R. Ave N.E. 18 D.C. Date signed: 15 Jan 49

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

970.2 0764

CERTIFICATE OF DEATH 1631B

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryland Park; LENGTH OF STAY (in this place) 3 mo	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryland Park
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6538 Buchanan	STREET ADDRESS (If rural give location) 6538 Buchanan

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Eugene	Charles	Gesele	1	14	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	White	married	6-14-98	50 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Book keeper	Veterinary	Arizona	U. S. A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Gesele	Koch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
yes Civil Wars I + II		Mary Gesele

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Toxemia	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute Nembutal poisoning	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not reinted to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Suicide	Home	Maryland Park	P.G.	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR?
1	14	1949	7:30 p.m.		Took some Nembutal capsules

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 10:00 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James D. Lloyd	Deputy Medical Examiner	Forestville Md	1-14-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Transportation	1/15/49	Lutheran Cemetery	Ridgewood N. J.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 16 1949	Amanda Mooney / Carrie Campbell	L Gasch's sons	Hyattsville Md

VS. A15

RECEIVED
JAN 20 1949
BUREAU V. S.

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0765

442X

CERTIFICATE OF DEATH

131a

Reg. Dist. No. 240

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baden
LENGTH OF STAY (in this place) 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baden
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Suddeth (Last) Grant

4. DATE OF DEATH (Month) Jan. (Day) 23 (Year) 1949

5. SEX male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH 77 1875
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Real Estate
11. BIRTHPLACE (State or foreign country) Wash. D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Albert B. Grant
14. MOTHER'S MAIDEN NAME Margaret

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 578-01-0333
17. INFORMANT Mr J Robert Hyde

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Apoplexy

Antecedent cause(s) (b) Cardio-Vas. Renal Disease

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1945, to Jan-8, 1949 that I last saw the deceased alive on Jan-8, 1949 and that death occurred at 4 A m., from the causes and on the date stated ~~above~~ below.

SIGNATURE Geo. D. Weber (Degree or title) M.D. ADDRESS Waldorf, Md. DATE SIGNED 1/23/49

23. BURIAL, CREMATION REMOVAL (Specify) DATE NAME OF CEMETERY OR CREMATORY St Paul's LOCATION (City, town, or county) Baden (State) Md

DATE REC'D BY LOCAL REG. Jan. 24/49 REGISTRAR'S SIGNATURE F H Billingsley

24. FUNERAL DIRECTOR Ritchie Bros - Upper Marlboro, Md ADDRESS

RECEIVED
JAN 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

443 x 0766

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: PRINCE GEORGES; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL - CHEVERLY; LENGTH OF STAY (in this place): 3 YEARS; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5504 QUINCY ST	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MD. COUNTY: PRINCE GEORGES; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL - CHEVERLY; STREET ADDRESS (If rural give location): 5504 QUINCY ST

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARTHA	ELLEN	GUNSON	JAN	11	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
F	W	MARRIED	DEC. 24, 1886	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
EXAMINER, BUR. ENGRAV.	U.S. GOVT	ROCKVILLE MARYLAND	USA.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOSHUA RYLES	ELIZABETH KING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
NO		THOMAS GUNSON - HUSBAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CONGESTIVE HEART FAILURE	3 WEEKS
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) HYPERTENSIVE CARDIO-VASCULAR DISEASE	6 YEARS.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from DEC 1, 1945, to Jan 11, 1949, that I last saw the deceased alive on Jan 11, 1949, and that death occurred at 11:00 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Samuel J. Kluger	M.D.	4300 Raywood Dr. Mt. Rainier, Md	Jan 11, 49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY ~~OR CREMATORY~~	LOCATION (City, town, or county)	(State)
BURIAL	JAN. 15, 1949	CEDAR HILL CEMETERY	SUITLAND - PRINCE GEORGES	MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 11/49	Amanda Downey	W. W. CHAMBERS CO.	517-11th ST. S.E. WASH. D.C.

VS. A15

RECEIVED
JAN 13 1949
BUREAU V. S.

0767

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

170 x / 50

Reg. Dist. No. 245

1. PLACE OF DEATH:

County PRINCE GEORGES

City or town MT. RAINIER, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 YEARS

Hospital, institution, or street address where death occurred:
2703 UPSHUR ST #9

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State MARYLAND County PR. GEO.

City or town MT. RAINIER, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No. 2703 UPSHUR ST.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME VIOLA EVANS HERROLD

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	MARRIED

6.(b) Name of husband ~~or wife~~ CHARLES H. HERROLD, JR

6.(c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) MARCH 26, 1908

8. AGE:

Years	Months	Days	If less than one day
40	9	9	hrs. min.

9. Birthplace SCRANTON, LACKAWANNA, PA.
(Town, county, and state)

10. Usual occupation DOMESTIC

11. Industry or business

FATHER
12. Name THOMAS E. EVANS
13. Birthplace SOUTH WALES, GR. BRITAIN

MOTHER
14. Maiden name MARY LEWIS
15. Birthplace SOUTH WALES, GR. BRITAIN

16. Informant CHARLES H. HERROLD, JR

Address MT. RAINIER, Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof Jan 6 1949 (month) (day) (year)

Cemetery or crematory Lt Lincolns County

Location Colmar Manor Md

18. Funeral director J. H. Hines Company

Address 2401-14th St., N.W. Washington, D.C.

19. Jan 4 1949 (Date rec'd by registrar) James Sevy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN. 4 1949 at 2:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from JAN 10 1946 to JAN 4 1949 and that I last saw her alive on JAN 3 1949

Immediate cause of death CARCINOMA OF BREAST WITH — DURATION 2 YRS

Due to CEREBRAL METASTASIS

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations CEREBRAL EDEMA

Date of op. NOV 30 48

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Samuel J N Sugar MD (M. D. or other)

Address Mt Rainier, Md Date signed Jan 4, 49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JAN 5 1949
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

916.0 181 0768

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (in this place) 10 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover Hills
STREET ADDRESS (If rural, give location) 4120 Fairfax Ave.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Alva (Last) Homer
4. DATE OF DEATH: (Month) Jan (Day) 21 (Year) 1949

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: Dec 16 1912
9. AGE last birthday: 36 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New Hampshire
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Henry Homer
14. MOTHER'S MAIDEN NAME: Lucy Pepper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Dodie S. Homer - Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Toxemia

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Shock.

(c) 2nd & 3rd degree burns of 90% of body

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home
(CITY OR TOWN) Landover Hills Pr. Geo (COUNTY) (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 1 - 21 - 49 8:30 a.m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Clothing caught fire in home of deceased.

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 8-15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John D. Maloney M.D. Deputy Medical Examiner Cheverly Hyattsville, Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Jan 24, 1949
NAME OF CEMETERY OR CREMATORY: Washington Natl.
LOCATION (City, Town, or county) (State): Suitland Md.

DATE REC'D BY LOCAL REG. 1-23-49
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: W W Chambers Co.
ADDRESS: Riverdale Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JAN 25 1949
BUREAU V. M.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

153X 46e

0769

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH — COUNTY: Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: College Park
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4608 Calvert Rd

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND ~~Hagerstown~~ Wke COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 611 Washington Ave

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) ELSWORTH (Last) HUMELSINE
4. DATE OF DEATH: (Month) JANUARY (Day) 25 (Year) 1949
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 6 Nov 1881
9. AGE last birthday: 67 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PLANT SUPT.
10b. KIND OF BUSINESS OR INDUSTRY: Newspaper publishing
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Menaris Humelsine
14. MOTHER'S MAIDEN NAME: MARY (NMN) SIMMERS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT: CARLISLE H. HUMELSINE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) GENERALIZED CARCINOMATOSIS

Antecedent cause(s) (b) CARCINOMA of COLON

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) —

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. —

INTERVAL BETWEEN ONSET AND DEATH: 9/1/48 (Approx) 1944 Approx

19a. DATE OF OPERATION: July 1948
19b. MAJOR FINDINGS OF OPERATION: CARCINOMA - Colon
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1 Sept, 1948, to 25 Jan, 1949, that I last saw the deceased alive on 25 Jan, 1949, and that death occurred at 5:45 P m., from the causes and on the date stated above.

SIGNATURE: W. L. Etienne, M.D. (Degree or title) ADDRESS: Berwyn, Md DATE SIGNED: 1/25/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: 1/28/49 NAME OF CEMETERY OR CREMATORY: Rose Hill Cem. LOCATION (City, town, or county): Hagerstown (State) Md

DATE REC'D BY LOCAL REG.: Jan 25, 1949 REGISTRAR'S SIGNATURE: James Severy

24. FUNERAL DIRECTOR: Andrew K. Coffman ADDRESS: Hagerstown Md

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JAN 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

526 x 0770

EVIDENCE FOR STATEMENT ID. # 18c IS ON: FILM # 6119-3-30-49A

CERTIFICATE OF DEATH 906 Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale | LENGTH OF STAY (In this place) 7 mos., 13 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1834 15th St., N. W.

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) E (Last) JACKSON
4. DATE OF DEATH: (Month) 1 (Day) 16 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8/16/74
9. AGE last birthday: 74 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plasterer
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Fredricksburg, Virginia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Oliver Thompson, Virginia
14. MOTHER'S MAIDEN NAME: Ellen Jackson, Virginia
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) - - - (If year, give war or dates of service)
16. SOCIAL SECURITY NO. - - -
17. INFORMANT: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Adhesive Pericarditis — Interval between onset and death: Unknown

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Bronchiectasis — 14 months

(c) (No gross evidence of tuberculosis on autopsy) (3-29-49-S.)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/2, 1948, to 1/16, 1949, that I last saw the deceased alive on 1/16, 1949, and that death occurred at 5 50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Daniel Lee Finicane M.D. | Glenn Dale Md. | Jan 16, 1949

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Removal to Washington D.C. | 1/17/49

DATE REC'D BY LOCAL REG. 1/17/49 | REGISTRAR'S SIGNATURE Rowland S. Phillips

24. FUNERAL DIRECTOR | ADDRESS

McGuire Funeral Service | 1820-9th St. N.W.

per J.C.S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Autopsy - No gross evidence of tuberculosis.
3/29/49-S.

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JAN 21 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0771

Reg. Dist. No. 243

1. PLACE OF DEATH
COUNTY: Prince Georges — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale
LENGTH OF STAY (in this place): 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1815 A. Street, S. E.

3. NAME OF DECEASED (Type or Print): (First) ELMER (Middle) Y. (Last) JOHNSON

4. DATE OF DEATH: (Month) Jan. (Day) 31 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 22, 1900

9. AGE last birthday: 48 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Purchasing Agent

10b. KIND OF BUSINESS OR INDUSTRY: - - -

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: A.S.T. Johnson, Washington, D. C.

14. MOTHER'S MAIDEN NAME: Edith May Yoder, Washington, D. C.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Navy
(If year, give war or dates of service): 1918-1919

16. SOCIAL SECURITY NO.: 718-14-0403

17. INFORMANT: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis and Tuberculous Empyema, left.	7 yrs 1 mo. 2 yrs. 6 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finucane — (Degree or title): MD — ADDRESS: Glenn Dale Md. — DATE SIGNED: Jan 31, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Removal to Wash. D.C. — DATE: 2/1/49 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.: Jan 31, 1949 — REGISTRAR'S SIGNATURE: Rowland S. Phillips

24. FUNERAL DIRECTOR: Zirkle Funeral Home — ADDRESS: 510-C st N.E. Wash, D.C.

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FEB 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH 178c

0772

Reg. Dist. No. 239

1. PLACE OF DEATH
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mildred's Academy

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) St. Mildred's Academy.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) H (Last) Kelly

4. DATE OF DEATH: (Month) Jan (Day) 30 (Year) 1949

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 4-30-1889

9. AGE last birthday: 59 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Caretaker

10b. KIND OF BUSINESS OR INDUSTRY: Academy

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Kelly

14. MOTHER'S MAIDEN NAME: Virginia Bruce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: ?

17. INFORMANT: Sylvester B. Fowler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carbon monoxide poisoning

(c) Exposure to coal gas.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home (CITY OR TOWN): Laurel (COUNTY): Pr. Georges. (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 30, 1949 8 P m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 8:45 P. M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney, M.D. -- Deputy Medical Examiner - Hyattsville, Md.

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 2-3-49

NAME OF CEMETERY OR CREMATORY: Forest Chapel

LOCATION (City, town, or county) (State): Sunnyside Md.

DATE REC'D BY LOCAL REG.: 2/2/49

REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR ADDRESS: F. C. Higinbotham

DW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Pennsylvania COUNTY Chester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chillum, Md — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) 27 Maryland Ave.

3. NAME OF DECEASED (Type or Print) (First) Willard (Middle) (Last) Kirk				4. DATE OF DEATH (Month) Jan (Day) 30 (Year) 1949	
5. SEX M.	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 16, 1910	9. AGE last birthday 38 yrs.	If under 1 year Months, Days; If under 24 hrs. Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (State or foreign country) Philadelphia	12. CITIZEN OF WHAT COUNTRY? U.S.G.	
13. FATHER'S NAME Leroy Kirk			14. MOTHER'S MAIDEN NAME Mary Boyd		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Emily Kirk - Wife		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage & shock	10 min.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture at base of skull & multiple fractures and lacerations of body	
	(c) Airoplane crash landing	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm	(CITY OR TOWN) Chillum - (COUNTY) Prince Georges. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) Jan. 30, 1949. 4 p.m.	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR? Airoplane crash landing.

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 5:00 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John J. Maloney, M.D.	Dep. Med. Examiner	Cheverly - Hyattsville,	Maryland

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 3 Feb. 1949	NAME OF CEMETERY OR CREMATORY Friends Burial Ground	LOCATION (City, town, or county) Calvert	(State) Maryland.
DATE REC'D BY LOCAL REG. Jan 31 1949	REGISTRAR'S SIGNATURE James Severe	24. FUNERAL DIRECTOR F. Hasch's Sons.	ADDRESS Hyattsville, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

157X / 46g

0774

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince Georges

City or town Cheverly, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 days

Hospital, institution, or street address where death occurred:
Prince Georges General Hospital

How long in hospital or institution? 9 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Capital Heights, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No. 5761 - Southern Ave. S.E. D.C.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Krebs, William

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W.	Single

6.(b) Name of husband or wife

6.(c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) August 26, 1901

8. AGE: Years 47 years | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace New York
(Town, county, and state)

10. Usual occupation Auto Mechanic

11. Industry or business

FATHER
12. Name Matthias W Krebs
13. Birthplace Wis

MOTHER
14. Maiden name Marie L Zeaman
15. Birthplace Austria

16. Informant Marie L Krebs
Address 5761 Sovane Capital Hgts Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 15, 1949 (month) (day) (year)

Cemetery or crematory Fort Lincoln

Location Bladensburg Rd N E

18. Funeral director Robert A Mattingly
Address 131-11th St S E Wash D C

19. 1/12 1949 (Date rec'd by registrar) Amanda Downey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12, 1949, at 8 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 24 1948, to Jan 12 1949 and that I last saw him alive on Jan 11 1949

Immediate cause of death

	DURATION
Carcinoma of pancreas	1 Year History
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations Pyloric obstruction due to tumor mass
Gastro enterostomy Date of op. 11/11/48

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. Suit Ritchie M-D
M. D. or other

Address 7005 Ritchie Rd S E Wash 19 D.C. Date signed 1/12/49

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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RECEIVED
JAN 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0775

170X

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CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillside — LENGTH OF STAY (in this place) 5 months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillside
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1212-59th Ave.	STREET ADDRESS (If rural give location) 1212-59th Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LENA	—	KROPP	January	13	1949.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	White	widowed	April 14, 1859.	89 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Germany	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
First name unknown Haack.	?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no.	none -	Mrs. Pearl Hand.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Carcinomatosis	?
Antecedent cause(s)	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c) Carcinoma of Breast	3 years.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
March 1946.	Removal of Carcinoma of breast.	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
no	—	—		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov 20, 1948, to Jan 13, 1949; that I last saw the deceased alive on Jan 13, 1949, and that death occurred at 1—A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William Brannin. MD		6124 Central Ave, Capitol Hgts Md.	1/13/49.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	Jan. 13, 1949		Chicago, Illinois

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 13, 1949	Carrie Campbell	W. W. Chambers	517-11th. St. S.E.

RECEIVED
JAN 15 1949
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

491X 107

Reg. Dist. No. 745

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pronounced dead on arrival at Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS (If rural, give location) 6610 - Wells Parkway

3. NAME OF DECEASED (Type or Print) (First) Renee Anette (Middle) Lawson (Last)

4. DATE OF DEATH (Month) Jan (Day) 31 (Year) 1949

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Dec 17, 1948
9. AGE last birthday yrs. If under 1 year Months. 1 Days 14 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington, DC
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Raymond E. Lawson
14. MOTHER'S MAIDEN NAME Vivian Robertson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Raymond E. Lawson - Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Capillary Bronchitis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 2.00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John D. Maloney, M.D., Deputy Medical Examiner - Cheverly - Hyattsville, Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 2 Feb 1949
NAME OF CEMETERY OR CREMATORY Ft Lincoln
LOCATION (City, town, or county) (State) Colmar Manor Md.

DATE REC'D BY LOCAL REG. Feb 2, 1949
REGISTRAR'S SIGNATURE James Sevey
24. FUNERAL DIRECTOR F. Gasch's Sons
ADDRESS Hyattsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 3 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0777 447X 94a

Reg. Dist. No. 745

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Park
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4216 Woodbury St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Prince George Co., COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Park
STREET ADDRESS (If rural, give location) 4216 Woodbury St.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Otterbein (Last) Lovell

4. DATE OF DEATH: (Month) Jan. (Day) 29 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept 12-1877

9. AGE last birthday: 71 yrs. If under 1 year: Months. If under 24 hrs.: Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant

10b. KIND OF BUSINESS OR INDUSTRY: Gen Acc't Office - Hartford Co. Md

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Isaac Lovell

14. MOTHER'S MAIDEN NAME: Amanda Jane Kelbaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Ralph H Lovell (Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Coronary Occlusion	about 10 min.
Antecedent cause(s)	Hypertension	?
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Endarteritis obliterans in toes of feet	
	(c) Generalized Arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 8, 1949, to Jan. 29, 1949, that I last saw the deceased alive on Jan. 27, 1949, and that death occurred at 2:35 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

David A Clayman MD - 6311 Balto. Ave - Riverdale, Md Jan. 29, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: Jan 31, 1949

NAME OF CEMETERY OR CREMATORY: Fairview Cemetery

LOCATION (City, town, or county) (State): Bolivar Manor P.O. Md

DATE REC'D BY LOCAL REG.: Jan 29 1949

REGISTRAR'S SIGNATURE: James Berry

24. FUNERAL DIRECTOR: S. H. Hines Co.

ADDRESS: 2901-14th St. N.W. D.C.

RECEIVED
JAN 31 1949
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0778

450.0
97

1. PLACE OF DEATH

County Prince George's Registration Dist. No. 242

Village or City Glen Arden No. East Reed Street St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME HARRIETT LOWRY If U. S. Veteran, specify WAR .....

(a) Residence: No. EAST REED St. St., Ward. .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	NEGRO	W.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Horten Lowry.

6. DATE OF BIRTH (month, day, end year) ABT 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Home maker

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Camel County VA.

FATHER

13. NAME Croggin

14. BIRTHPLACE (city or town) (State or country) Unk.

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Unk.

17. INFORMANT ..... (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date Jan. 15, 1949

19. UNDERTAKER (Address) Malvan + Schey Inc 424-R St NW D.C

20. FILED Jan. 15, 1949 Carrie F. Campbell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January 15, 1949 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1948, to January, 1949

I last saw her alive on January 15, 1949; death is said to have occurred on the date stated above, at 11:30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	6 months

Other Contributory Causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Roger G. Thurston Jr. M. D.

(Address) 1900 Benning Rd NE

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
JAN 19 1949
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

002 13b 0779

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale
LENGTH OF STAY (in this place) 1yr. 6 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 712 51'st St., N. E.

3. NAME OF DECEASED (Type or Print) (First) Louise (Middle) E. (Last) Major

4. DATE OF DEATH (Month) (Day) (Year) January 26, 1949

5. SEX Female

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single

8. DATE OF BIRTH 8-21-21

9. AGE last birthday 27 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) File clerk (U.S.Gov't.)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Culpepper, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Major

14. MOTHER'S MAIDEN NAME Emma Mason

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No. none

17. INFORMANT decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 3yr. 9mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/23/47, 19....., to 1/26, 1949, that I last saw the deceased alive on 1/26, 1949, and that death occurred at 5:20 m., from the causes and on the date stated above.

SIGNATURE Daniel Lee Finucane (Degree or title) M.D. ADDRESS Glenn Dale Sanatorium DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Jan 30, 1949

NAME OF CEMETERY OR CREMATORY Culpepper, Va.

LOCATION (City, town, or county) (State) Culpepper, Va.

DATE REC'D BY LOCAL REG. 1-27-49

REGISTRAR'S SIGNATURE Rowland S. Phillips

24. FUNERAL DIRECTOR H.S. Washington & Sons ADDRESS 467-N St., N. W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1ST. CERT, REC'D. DID NOT HAVE PAY'S. SIG.
REC'D 2-4-49. - CAN FIND IN "2 FOR 1 DRAWER"

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

774X / 159

0780

Reg. Diat. No. 231

1. PLACE OF DEATH:

County: Prince Georges

City or town: Cheverly (If outside city or town limits, write RURAL and give nearest town) 1. Maryland

How long in above place of death? 2½ hours

Hospital, institution, or street address where death occurred: Prince George General Hospital

How long in hospital or institution? 2½ hours

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Prince Georges

City or town: Colmar Manor, Maryland (If outside city or town limits, write RURAL and give nearest town)

Street No. 3608 -40 Place (If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Mealey Baby Boy (B.C. DOTTELLIS)

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W.	Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): January 6, 1949

8. AGE: Years | Months | Days | If less than one day: 2½ hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER — 12. Name: Dottellis, John

FATHER — 13. Birthplace: West Virginia

MOTHER — 14. Maiden name: Mealey, Patricia

MOTHER — 15. Birthplace: West Virginia

16. Informant:

Address:

17. Cremation (Burial, cremation, or removal. Which?) Date thereof 1/11/49 (month) (day) (year)

Cemetery or crematory: Prince Georges General Hospital

Location: Cheverly, Md.

18. Funeral director: A. R. Besley, Supt.

Address: Cheverly, Md.

19. 1/13 1949 (Date rec'd by registrar) Amanda Downey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 6, 1949, at 9=A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death: Premature delivery 6 months Fetus — DURATION

Due to: Induced abortion

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: John J. Maloney, Deputy Md. Examiner M. D. or other

Address: Cheverly-Hyattsville Date signed 1-6-49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

RECEIVED
JAN 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0781

916.0
181

CERTIFICATE OF DEATH

Reg. Diat. No. 475

1. PLACE OF DEATH:

County: Prince Georges

City or town: Riverdale

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 hrs.

Hospital, institution, or street address where death occurred:

Leland Memorial Hospital

How long in hospital or institution? 8 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Prince Georges

City or town: Lakeland

(If outside city or town limits, write RURAL and give nearest town)

Street No. 5017 Lakeland Rd.

(If rural, give LOCATION)

2.(a) If veteran, name war: W.W. II

3.(a) FULL NAME: Charlie Miller

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): ? 1870

8. AGE: Years: 78 ? | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: Hamlet No. Carolina (Town, county, and state)

10. Usual occupation: Labor

11. Industry or business: Univ. of Md.

MOTHER FATHER

12. Name: Collie Miller

13. Birthplace: So. Carolina

MOTHER

14. Maiden name: ?

15. Birthplace: So. Carolina

16. Informant: Johnnie Miller

Address: Lakeland Maryland. (R.F.D.)

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Jan 2, 1949 (month) (day) (year)

Cemetery or crematory: Harmon Memorial Home

Location: 1432 U St N.W. Washington D.C.

18. Funeral director: F. Barchi Sons

Address: Hyattsville Md

19. Jan 2 1949 (Date rec'd by registrar) James Berry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 2 1949 at 11:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Shock	
Due to 2nd & 3rd degree burns of entire body	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: 1-2-49

Where did injury occur? Lakeland (City or town) P.G. (County) Md. (State)

Injured at home, farm, industry, public place (where?): Home

Means of injury: Clothing caught fire Injured at work? No

23. SIGNATURE: John D. Maloney Deputy Medical Examiner M. D. or other

Address: Cheverly-Hyattsville Md. Date signed 1-2-49

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 5 1949
BUREAU U. S.

0782

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

523.0
93d

CERTIFICATE OF DEATH

Reg. Dist. No. 230

EVIDENCE FOR CHANGE OF AGE IS ON: FILM # G119 - 2-28-49

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn Md — LENGTH OF STAY (in this place) 8 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) Canary Cottages

3. NAME OF DECEASED (Type or Print)	(First) Edward	(Middle)	(Last) Miller	4. DATE OF DEATH	(Month) 1/9/49 (Day) (Year) 19
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 8/12/1888	9. AGE last birthday 60 ~~61~~ years	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farm laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Pennsylvania	12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME Charles Miller		14. MOTHER'S MAIDEN NAME Harriet Nunn			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	(If year, give war or dates of service) W. W. I	16. SOCIAL SECURITY No.	17. INFORMANT Mrs Sarah Bailey		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocarditis	1 yr
Antecedent cause(s)	(b) Silicosis	15 yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-4, 1949, to 1-8, 1949, that I last saw the deceased alive on 1-6, 1949, and that death occurred at 2 9 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Leonard Hong		Hyattsville	1-12-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/13/49	Arlington Cemetery	Arlington Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 12/49	Amanda Downey	F. Gasch's sons	Hyattsville Md.

J. D. Smith

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

T

RECEIVED
JAN 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

443X 0783

CERTIFICATE OF DEATH

93d Reg. Dist. No. 231

1. PLACE OF DEATH · COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seabrook Md — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seabrook Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) LAURA (Middle) ELIZABETH (Last) MORGAN. — 4. DATE OF DEATH (Month) Jan (Day) 19. (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months.	Days	If under 24 hrs. Hours	Min.
female	white	widowed	1/19/1875	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	at home	washington D.C.	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George otto	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
		George Morgan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary edema — 13 hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive heart disease — 18 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 10-15, 1946, to 1-19, 1949, that I last saw the deceased alive on 1-19, 1949, and that death occurred at 10:10A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John P. Clam	M.D.	Hyattsville Md	1-19-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/22/49	Cedar Hill	Suitland Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/19/49	Amanda Downey	F Gasch's sons	Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

861.8 / 173

0784

Reg. Dist. No. 232

1. PLACE OF DEATH:

County: Prince George's

City or town: Brandywine (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Transient

Hospital, institution, or street address where death occurred: In a woods

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: New Jersey County: Bergen

City or town: Teaneck (If outside city or town limits, write RURAL and give nearest town)

Street No.: 643 Chestnut Ave. (If rural, give LOCATION)

2.(a) If veteran, name war: World War # 11

3.(a) FULL NAME: Stuart Lawson Morrill

3.(b) Social Security Number:

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Isabella Morrill

6.(c) If alive, give age: 29 years

7. Birth date of deceased (mo., day, yr.): October 31, 1917

8. AGE: Years: 31 Months: Days: If less than one day: hrs. min.

9. Birthplace: Oak Park, Ill. (Town, county, and state)

10. Usual occupation: Airplane pilot

11. Industry or business: Air Cargo, inc.

FATHER
12. Name: Edward H. Morrill
13. Birthplace: Mass.

MOTHER
14. Maiden name: Caroline Lawson
15. Birthplace: Conn.

16. Informant: Robert Morrill

Address: 314 Rutland St., Teaneck, N. J.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 8 1949 (month) (day) (year)

Cemetery or crematory: George Washington Memorial Park

Location: Paramus N. J.

18. Funeral director: Richie Bros

Address: Upper Marlboro, Md.

19. Jan 7 1949 (Date rec'd by registrar) R. Cunningham Form Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 6 1949 at 7:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..., to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death: Shock

DURATION

Due to: Multiple crushing and burning injuries to the body

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: 1/6/49

Where did injury occur? Brandywine (City or town) P. G. (County) N. J. (State)

Injured at home, farm, industry, public place (where?): Woods

Means of injury: Plane crash Injured at work? Yes

23. SIGNATURE: Deputy Medical Examiner James I. Boyd M.D. or other

Address: Forestville, Md. Date signed: 1/7/48

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 10 1949
BUREAU V. R.

EVIDENCE FOR CHANGE OF AGE SHOWN ON:

FILM No. G 118 JAN 21 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0785

443X

93d

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
STREET ADDRESS (If rural, give location): 3800 Hamilton Street,

3. NAME OF DECEASED (Type or Print): (First) Ellen (Middle) Agnes (Last) Nolan

4. DATE OF DEATH: (Month) January (Day) 11th, (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Female	White	widowed	Nov 6 1866	83 87 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
at home		md	U.S.a.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Lurkin	Mary Moran

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no —	none	mrs mary. Crowl

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute pulmonary edema	15 Min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive heart disease	10 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12-20, 1948 to 1-11, 1949, that I last saw the deceased alive on 1-11, 1949, and that death occurred at 4:05P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John P. Clum	M.D.	Hyattsville Md	1-11-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
transportation	Jan 12, 1949.	St. Michaels	Frostburg Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 11 1949	James Berry	F. Gascha & Sons	Hyattsville Md

RECEIVED
JAN 14 1949
BUREAU V. S.

0786

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 794X

CERTIFICATE OF DEATH 1626 Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Prince George; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bladensburg; LENGTH OF STAY (in this place): 42 Yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3804 Kenelworth, Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bladensburg; STREET ADDRESS (If rural, give location): 3804 Kenelworth, Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	None	Norgle	Jan	28	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	5 Jan 1858	91 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife		Germany	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
? Leckliter	Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No.	None	Mary Tucker (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial failure — Interval between onset and death: 8 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility General Debility

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1-18, 1948, to 1-28, 1949, that I last saw the deceased alive on 1-27, 1949 and that death occurred at 4:30A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John P. Clum	M.D.	6110 43rd Ave Hyattsville Md	1-28-49

25. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	31 Jan 1949	Evergreen	Bladensburg, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/28/49	Amanda Downey	J. Davis Sons	Hyattsville Md.

VS. A15

RECEIVED
FEB 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

490X / 108

0787

Reg. Dist. No. 231

1. PLACE OF DEATH:

County: Prince George

City or town: Cheverly
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 36 hours

Hospital, Institution, or street address where death occurred: Prince Georges Hospital

How long in hospital or institution? 36 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Pr. George

City or town: Villa Heights
(If outside city or town limits, write RURAL and give nearest town)

Street No. 3904 - 56th place
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Dennis O'Brein

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	S

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): April 4, 1948

8. AGE: Years | Months: 9 months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace: Washington - DC
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: Dennis Wayne O'Brein
13. Birthplace: D.C.

MOTHER
14. Maiden name: Bernice Rhodes
15. Birthplace: Virginia, Harrisonburg

16. Informant

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 7-49 (month) (day) (year)

Cemetery or crematory: [illegible]

Location: Colmar Manor Maryland

18. Funeral director: W. W. Chambers Co

Address: 517-11th st SE. Wash D.C.

19. Jan 5 1949 (Date rec'd by registrar) Amanda Dorona Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 1-4-49 19..., at 1 55/a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 1948, to Jan. 3 1949 and that I last saw him alive on 1/3/49 19...

Immediate cause of death	DURATION
Pneumonia, lobar	2 days
Due to —	
Due to —	

Other conditions: Congenital heart disease, patent interventricular septal defect 9 mos.
(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results: As above.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: Julius Kauffman, MD. M. D. or other

Address: 5102 Annap. Rd. Bladensburg, Md. Date signed 1/4/49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

420.1 / 61 0788

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly Manor
STREET ADDRESS (If rural, give location) 3409 63rd Ave

3. NAME OF DECEASED (Type or Print) (First) Mrs (Middle) Katherine (Last) O'Connor

4. DATE OF DEATH (Month) Jan (Day) 18 (Year) 1949

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Sept 12 1880

9. AGE last birthday 68 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) District of Columbia

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME Joseph Burkley O'Connor

14. MOTHER'S MAIDEN NAME Katherine Burkley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT Eva Peed

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Embolus	13 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio-Vascular Disease with Coronary Infarction & Splenic Infarction	
	(c) Marked Coronary Sclerosis	10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus (mild) 5 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-6, 1949, to 1-18, 1949, that I last saw the deceased alive on 1-17, 1949, and that death occurred at 4:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) U.B. Moyers M.D.

ADDRESS 3303 Perry St Mt. Rainier Md

DATE SIGNED 1-19-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 1/21/49

NAME OF CEMETERY OR CREMATORY Mt Olivet

LOCATION (City, town, or county) Washington D C (State)

DATE REC'D BY LOCAL REG. 1/19/49

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR E Gasche sons Hyattsville Md

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

322.1 77d

0789

Reg. Dist. No. 245

1. PLACE OF DEATH:

County: Prince George

City or town: Riverdale Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 days 11 hrs. 45 min.

Hospital, institution, or street address where death occurred:

Leland Memorial Hosp.

How long in hospital or institution? 4 days 11 hrs. 45 min

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Prince George

City or town: Riverdale Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 4511 Riverdale Rd. - Md.

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME

Mr. Boyd Ennington Payne

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 5, 1905

8. AGE: Years	Months	Days	If less than one day
43	9	2	hrs. min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual occupation: Plumber

11. Industry or business:

FATHER

12. Name: Vinton Ennington Paynes

13. Birthplace: Virginia

MOTHER

14. Maiden name: Mattie B. Bailey

15. Birthplace: Virginia

18. Informant: Hospital Record-given by Friend

Address: 4511 Riverdale Rd. Riverdale Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof: Jan. 7, 1949 (month) (day) (year)

Cemetery or crematory: Orlean

Location: Orlean Va.

18. Funeral director: Harry Rountree

Address: Middleburg Virginia

19. Jan 7 1949 (Date rec'd by registrar) James L. Lee Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 7, 1949 at 6:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/2 1949 to 1/7 1949

and that I last saw him alive on 1/7/49 1949

Immediate cause of death	DURATION
Resp. Failure	
Physical Exhaustion	
Chr. Alcoholism	
Due to:	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J. A. Pressin M.D. M. D. or other

Address: Riverdale, Md. Date signed: 1/7/49

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

420.1 940a

0790

Reg. Diat. No. 359

1. PLACE OF DEATH:

County Prince George

City or town Laurel

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 hrs

Hospital, Institution, or street address where death occurred:

Warren Hospital

How long in hospital or Institution? 2 hrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Laurel

(If outside city or town limits, write RURAL and give nearest town)

Street No. 323 Prince George

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME John T. Penn

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	married

6.(b) Name of husband or wife Minnie M. Penn

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) December 10, 1863

8. AGE: Years	Months	Days	If less than one day
85	0	24	..... hrs. ..... min.

9. Birthplace Howard County, Maryland

(Town, county, and state)

10. Usual occupation Retired clerk

11. Industry or business U.S. Government

FATHER 12. Name George Washington Penn

13. Birthplace Maryland

MOTHER 14. Maiden name Caroline Selby

15. Birthplace Maryland

16. Informant Minnie M. Penn

Address 323 Prince Geo. St. Laurel, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 6 1949 (month) (day) (year)

Cemetery or crematory Savage Cemetery

Location Savage, Maryland

18. Funeral director De Witt Donaldson

Address Laurel, Maryland

Jan 4 1949 M. Brashears

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 3 1949 at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12 21 1948 to 1 3 1949 and that I last saw h.... alive on 1 3 1949

Immediate cause of death	DURATION
Coronary occlusion	12 hrs.
Due to Hypertension	
Due to Arteriosclerosis	10 yrs.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE B F Warren M. D. or other

Address Laurel Md. Date signed 1 4 49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

RECEIVED
JAN 7 1949
BUREAU V. S.

EVIDENCE FOR CHANGE OF AGE IS ON:

FILM No. G 118 FEB -2 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

170X/50

0791

Reg. Diat. No. 245

1. PLACE OF DEATH:

County: Prince George

City or town: Hyattsville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: 6113 - 39th Place

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: County:

City or town: Washington, D. C.

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 1527 - Spring Pl. N. W.

(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: MARY G. POWER

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Married

6.(b) Name of husband or wife: Harry F.

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): August 29, 1880

8. AGE: Years	Months	Days	If less than one day
~~69~~ 68			hrs. min.

9. Birthplace: Va.

(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER

12. Name: Phillip Harnett

13. Birthplace: Va

MOTHER

14. Maiden name: Annie E. Taylor

15. Birthplace: Va

16. Informant: Benjamin F. Power

Address: 1527 - Spring Pl. N. W. Wash. D.C.

17. Buried (Burial, cremation, or removal. Which?) Date thereof 1/24/49 (month) (day) (year)

Cemetery or crematory: Rock Creek Cemetery

Location: Wash. D.C

18. Funeral director: W. Warren Tattersall

Address: 3619 - 14th St. N. W. Wash. D.C.

19. Jan 21 1949 James Savoy

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 21 1949 at 12:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 6, 1948 to Jan. 21, 1949 and that I last saw h[illegible] alive on Jan. 20, 1949

Immediate cause of death	DURATION
Cancer of lung, liver, etc.	2 yrs.
Due to: Cancer of breast	5 yrs.
Due to:	
Other conditions: —	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Philip H. Garner M.D.

M. D. or other

Address: 730 Conn. Ave. Date signed: 1/21/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JAN 24 1949
BUREAU V. S.

0792

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

491X / 107

Reg. Dist. No. 231

1. PLACE OF DEATH:

County: Prince Georges

City or town: Capeverly.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Prince Georges General Hospital

How long in hospital or institution? 2 hours.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Prince Georges

City or town: Capitol Heights
(If outside city or town limits, write RURAL and give nearest town)

Street No. 6207 Shadyside Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Raymond Frances Richardson

3.(b) Social Security Number

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife: —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): June 28, 1948

8. AGE: Years | Months: 6 months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace: Washington D.C.
(Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER
12. Name: Alfred Harrison Richardson
13. Birthplace: Brown Station, Maryland.

MOTHER
14. Maiden name: Lillian Tippett
15. Birthplace: Capitol Heights, Maryland

16. Informant: Mr. A. H. Richardson

Address: 6207 Shadyside Ave, Capitol Hgts, Md.

17. Removal
(Burial, cremation, or removal, Which?)

Date thereof: Jan 5-49 (month) (day) (year)

Cemetery or crematory: O

Location: Washington D.C.

18. Funeral director: W. W. Chambers Co.

Address: 517-11th St SE.

19. Jan 5 1949 (Date rec'd by registrar) Amanda Downey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 5 1949, at 8:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 2 1949, to January 5 1949 and that I last saw him alive on January 5 1949.

Immediate cause of death: Bronchopneumonia — DURATION: 4 days.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: William Brainin M. D. ~~mother~~

Address: Capitol Hgts, Md. Date signed: 1/5/49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and [illegible]

RECEIVED
JAN 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

331X / 83a

0793

Reg. Dist. No. 231

1. PLACE OF DEATH:

County: Prince George

City or town: Cheverly, Maryland (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 14 hrs 45 min

Hospital, institution, or street address where death occurred: Prince George General

How long in hospital or institution? 14 hrs. 45 min

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Prince George

City or town: Riverdale (If outside city or town limits, write RURAL and give nearest town)

Street No. 4813 - 49th Ave + Somerset Road (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Francis M Riedel

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
m	w	m

6.(b) Name of husband or wife: Mrs. Mary Elizabeth Riedel

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): September 27, 1873

8. AGE: Years	Months	Days	If less than one day
75	3	8	..... hrs. ..... min.

9. Birthplace: Pa (Town, county, and state)

10. Usual occupation: Printer

11. Industry or business

FATHER

12. Name: Riedel, Mortez

13. Birthplace: Germany

MOTHER

14. Maiden name: Salvadore Barbain

15. Birthplace: Gibralta.

16. Informant: Mary Elizabeth Riedel

Address: Riverdale, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 8 1949 (month) (day) (year)

Cemetery or ~~crematory~~: Ft Lincoln

Location: Colmar Manor Md

18. Funeral director: F Gascha sons

Address: Hyattsville Md

19. Jan 6 1949 (Date rec'd by registrar) Amanda Downey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 1-5 1949 at 3 45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1 1949 to January 5 1949 and that I last saw him alive on January 4 1949

Immediate cause of death	DURATION
Cerebral Hemorrhage	1 day
c̄ Right hemiplegia	?
Due to Generalized Arteriosclerosis	?
Hypertension	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: David S. Clayman MD M. D. or other

Address: 6311 Balto Ave - Riverdale Md Date signed: 1-5-49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JAN 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0794

CERTIFICATE OF DEATH

107 Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
MARYLAND
LENGTH OF STAY (in this place) 9 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Pr Geo County
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Cheverly Md.

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Marie Agnes (Last) Rithman

4. DATE OF DEATH (Month) Jan (Day) 22 (Year) 1949

5. SEX female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Baby

8. DATE OF BIRTH Jan 19, 1948

9. AGE last birthday yrs. If under 1 year: Months. 0 Days 3 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joseph C. Rithman

14. MOTHER'S MAIDEN NAME Florence E. Knight

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia — 48 Hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 19, 1949, to Jan 22, 1949, that I last saw the deceased alive on Jan 22, 1949, and that death occurred at 6:20 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William Brannin MD 6124 Central Ave, Capitol Hgts, Md 1/22/49

23. BURIAL, CREMATION REMOVAL (Specify) DATE 1/24/49 NAME OF CEMETERY OR CREMATORY Wash. D.C. LOCATION (City, town, or county) (State) DC

DATE REC'D BY LOCAL REG. 1/22/49 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR ADDRESS Timothy Hanlon Funeral Home 641- 14th St N.E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 24 1949
BUREAU OF S

0795

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

490x 108 Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Arkansas COUNTY Greene
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cranes Trail Park; LENGTH OF STAY (in this place) 9 mos.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 210 Hyland st.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Laurel, Md. Brought to Leland Memorial hosp. after deceased.	STREET ADDRESS (If rural give location) Paragould, Arkansas

3. NAME OF DECEASED (Type or Print)	(First) Benjamin	(Middle) Dewey	(Last) Rodery	4. DATE OF DEATH	(Month) 1	(Day) 20	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH June 15, 1898	9. AGE last birthday 50 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY instrument maker	11. BIRTHPLACE (State or foreign country) Nashville, Tennessee	12. CITIZEN OF WHAT COUNTRY? U.S.A				
13. FATHER'S NAME Wife doesn't Know	14. MOTHER'S MAIDEN NAME unknown Helen Alexander						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) W.W.I	16. SOCIAL SECURITY NO. 431-.07-6204	17. INFORMANT Mrs. Dma Clark Rodery - wife					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Toxemia

Antecedent cause(s) (b) Left lobar pneumonia

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 9.30 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney M.D. Deputy Medical Examiner - Hyattsville, Maryland

23. BURIAL, CREMATION REMOVAL (Specify) transportation	DATE 1/22/49	NAME OF CEMETERY OR CREMATORY Paragould	LOCATION (City, town, or county) (State) Paragould Arkansas
DATE REC'D BY LOCAL REG. Jan 22, 1949	REGISTRAR'S SIGNATURE James Severy	24. FUNERAL DIRECTOR E. Gasch & sons Hyattsville Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0796

EVIDENCE FOR CHANGE OF AGE IS ON!

FILM No. G 118 FEB -7 1949

CERTIFICATE OF DEATH

002 / 138

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 3105 S Dakota Avenue

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Rogers (Last)

4. DATE OF DEATH (Month) JAN (Day) 29 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Oct 28, 1867
9. AGE last birthday 81 ~~82~~ yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Georgia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Hosea Rogers
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Chart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Tuberculous Pneumonia	5 weeks
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Atypical Pneumonia	6 mo
	(c) Old Inactive Tuberculosis	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility 5 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to 1-29, 1949, that I last saw the deceased alive on 1-28, 1949, and that death occurred at 3 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. B. Moyers M.D. Mt. Rainier Md 1-29-49

23. BURIAL, CREMATION REMOVAL (Specify) DATE Jan 31 1949 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) Suitland Md (State)

DATE REC'D BY LOCAL REG. Jan 30 1949 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0797

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale
LENGTH OF STAY (In this place) 1 yr., 11 mos., 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 222 K. St., N. W.

3. NAME OF DECEASED (Type or Print): (First) PASHIA (Middle) (NEE WATSON) (Last) ROWLAND

4. DATE OF DEATH: (Month) JAN (Day) 23 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Separated

8. DATE OF BIRTH: 11/17/17

9. AGE last birthday: 31 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: - - -

11. BIRTHPLACE (State or foreign country): Saluda, South Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Watson, Saluda, South Carolina

14. MOTHER'S MAIDEN NAME: Eliza Cooke, Saluda, South Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) -
(If year, give war or dates of service) -

16. SOCIAL SECURITY NO.: - - -

17. INFORMANT: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Tuberculous Meningitis	2 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary Tuberculosis	2 yr. 4 mo.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 18, 1947, to JAN. 23, 1949, that I last saw the deceased alive on JAN. 23, 1949, and that death occurred at 4:00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Daniel Leo Finucane M.D. Glenn Dale Sanatorium Glenn Dale Md. 1/25/49

23. BURIAL, CREMATION, REMOVAL (Specify) Removal to Washington DC | DATE 1/24/49 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 1/24/49 | REGISTRAR'S SIGNATURE Rowland S. Phillips

24. FUNERAL DIRECTOR F. Johnson & Son ADDRESS 2655 Georgia Ave. N.W.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JAN 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

442x 0798

CERTIFICATE OF DEATH

13th Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 9½ hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Heights
STREET ADDRESS (If rural give location) 808 50th Avenue

3. NAME OF DECEASED (Type or Print) (First) Clarence (Middle) Edgar (Last) Roy

4. DATE OF DEATH (Month) Jan (Day) 11 (Year) 1949

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Feb. 25, 1883

9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Richard B. Roy

14. MOTHER'S MAIDEN NAME Emily Hay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) None (If year, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT Mable E. Roy, Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardio-vascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Nephro sclerosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 10.55 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) John J. Maloney, M.D. Deputy Medical Examiner

ADDRESS Cheverly-Hyattsville, Md

DATE SIGNED 1-11-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE JAN. 14/1949

NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

LOCATION (City, town, or county) (State) Suitland Pr. Geo. Cty Md.

DATE REC'D BY LOCAL REG. 1/11/49

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR ADDRESS W. W. Chambers Co. Wash-D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

U20.1
93d

CERTIFICATE OF DEATH

Reg. Dist. No. 07992 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County Prince George

City or town Cheverly
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 days

Hospital, institution, or street address where death occurred: Prince Georges Hospital

How long in hospital or institution? 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Prince George

City or town Lewisdale Md
(If outside city or town limits, write RURAL and give nearest town)

Street No. 7003 - 23rd Place
(If rural, give LOCATION)

2.(a) If veteran, name war NONE

3. (a) FULL NAME Schaffner, Alfred

3. (b) Social Security Number 069-10-8548

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Widowed

6.(b) Name of ~~husband or~~ wife MARGARET K. SCHAFFNER

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) August 2 1878

8. AGE: Years 70 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace Switzerland
(Town, county, and state)

10. Usual occupation MANAGER BREWERY (RETIRED)

11. Industry or business

FATHER 12. Name RUDOLPH SCHAFFNER

13. Birthplace SWITZERLAND

MOTHER 14. Maiden name ANN MARIE MOECHLER

15. Birthplace SWITZERLAND

16. Informant MRS. MARGARET K. CRUTTENDEN

Address 7003 -23rd PLACE - HYATTSVILLE MD

17. BURIAL Date thereof JAN. 9th 1949
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory GRACELAND CEMETERY

Location ALBANY, N.Y.

18. Funeral director W.W. CHAMBERS CO.

Address 5807 CLEVELAND AVE. - RIVERDALE MD.

19. Jan 8 1949 Amanda Dorney Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 8 January 1949 at 9 17/4 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 2 1948 to Jan 8 1949 and that I last saw h... alive on Jan 8 1949

Immediate cause of death	DURATION
Congestive Heart Failure	
Due to Coronary Infarction (Septal)	
Due to Hypertension	
Other conditions Infarct, spleen, and Kidneys.	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Hyattsville, Md. Date signed 1-8-49

RECEIVED
JAN 11 1949
BUREAU V. S.

202
Ike

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

332
83b

0800

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince George County

City or town Riverdale Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 day 17 hours 50 minutes

Hospital, Institution, or street address where death occurred:
Eugene Leland Memorial Hospital

How long in hospital or institution? 1 day 17 hours 50 minutes

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Riverdale
(If outside city or town limits, write RURAL and give nearest town)

Street No. 4604 Oliver St.
(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME Henrietta D. E. Schmid — maiden name

3. (b) Social Security Number NONE

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife Frank Schmid deceased 6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) August 15, 1865

8. AGE:

Years	Months	Days	If less than one day
83	4 Month		— hrs. — min.

9. Birthplace Hamburg Germany
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business —

FATHER
12. Name not known
13. Birthplace Germany

MOTHER
14. Maiden name not known
15. Birthplace Germany

16. Informant Mrs. Frances Williams
Address Colonial Beach Box 53 Va.

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof JAN. 7 1949 (month) (day) (year)

Cemetery or crematory ROCK CREEK CEMETERY

Location WASHINGTON, D.C.

18. Funeral director W. W. CHAMBERS Co.

Address 5801 CLEVELAND AVE. RIVERDALE, MD

19. Jan 5 1949 James Sevey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 4 1949 at 11:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 2 1949 to Jan 4 1949 and that I last saw her alive on Jan 4 1949

Immediate cause of death Cerebral Thrombosis — DURATION 3 days

Due to General arteriosclerosis — 10 yrs

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE L W Malin MD
M. D. or other

Address Riverdale Md Date signed 1-4-49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 7 1949
BUREAU V. S.

Evidence for change of age shown on:

0801

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

FILM NO. G 116 JAN 11 1949 **CERTIFICATE OF DEATH**

334X / 83a

Reg. Dist. No. 245

1. PLACE OF DEATH:

County: Prince Georges

City or town: Hyattsville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Prince Georges

City or town: Hyattsville

(If outside city or town limits, write RURAL and give nearest town)

Street No. 5715 Agan Rd.

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME Mary C Seek

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: David O Seek

6.(c) If alive, give age: 79 years

7. Birth date of deceased (mo., day, yr.): July 28 1979

8. AGE: Years	Months	Days	If less than one day
69 ~~70~~			hrs. min.

9. Birthplace: Hyattsville Maryland. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER 12. Name: John Broadwater

13. Birthplace: Maryland.

MOTHER 14. Maiden name:

15. Birthplace: Germany

16. Informant: Wilbur E Seek

Address: 5707 Agan Rd. Hyattsville Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof: Jan 3 1949 (month) (day) (year)

Cemetery or crematory: George Mem. Cemetery

Location: Hyattsville Maryland

18. Funeral director: J. Barch's & Sons

Address: Hyattsville Maryland.

19. Jan 3 1949 (Date rec'd by registrar) James Beverly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 1 1949 at 12:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1948 to Jan 1st 1949

and that I last saw h alive on Jan 1 1949

Immediate cause of death	DURATION
Cerebral apoplexy	10 days
Due to: Cerebral sclerosis	
Due to: June 1 - 48	6 mos.
Other conditions: H & B.P.	yrs

(Include pregnancy within 3 months of death)

Major findings of operation:

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Henry Loewer M.D. M. D. or other

Address: 4108 Knox Rd College Park Md. Date signed: Jan 4 1949

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 5 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

860.8 / 173 — 0802 — Reg. Dist. No. 242

1. PLACE OF DEATH:
County: Prince George
City or town: Andrews Air Force Base
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Airplane Crash
Hospital, Institution, or street address where death occurred:
Dead at scene of crash
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Mass County:
City or town: Sandwich
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Garvis St
(If rural, give LOCATION)
2.(a) If veteran, name war: ✓

3.(a) FULL NAME: BRADFORD ALLEN SHAW

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Mary L. Shaw
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 8 June 1903

8. AGE: Years	Months	Days	If less than one day
45	7	15	hrs. min.

9. Birthplace: Durango, Col. (Town, county, and state)
10. Usual occupation: Air Corps
11. Industry or business

FATHER
12. Name: Ernest Wakefield Shaw
13. Birthplace: Cambridge, Mass.

MOTHER
14. Maiden name: Florence Edith Taylor
15. Birthplace: Syracuse, N.Y.

16. Informant: Personal papers
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 26 1949 (month) (day) (year)
Cemetery or crematory: Arlington Nat. Cemetery
Location: Arlington Va.

18. Funeral director: Washington Funeral Home
Address: 301 E. Capitol St. Wash. D.C.

19. Jan 25 1949 (Date rec'd by registrar) Edna F. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 23 January 1949 at 8:30p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h ..... alive on ..... 19.....

Immediate cause of death	DURATION
Multiple crushing injuries	
Due to: Aircraft accident	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results: .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: accident Date of 23 Jan 49
Where did injury occur? Andrews Air Force Base, Wash 20, DC (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): aircraft
Means of injury: Injured at work?

23. SIGNATURE: Robert Nelson Capt, M.C. M. D. or other
Address: Andrews Air Force Base Date signed:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JAN 31 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0803

813.5

CERTIFICATE OF DEATH

170c

Reg. Dist. No. 231

1. PLACE OF DEATH · COUNTY Prince George MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Morningside — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Morningside
HOSPITAL OR INSTITUTION OR STREET ADDRESS Randolph Street	STREET ADDRESS (If rural give location) 207 Randolph St

3. NAME OF DECEASED (Type or Print)	(First) Doris	(Middle) May	(Last) Shepherd	4. DATE OF DEATH	(Month) 1 (Day) 28 (Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 9-18-41	9. AGE last birthday 7 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY School	11. BIRTHPLACE (State or foreign country) Washington D.C.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Melvin Shepherd	14. MOTHER'S MAIDEN NAME Marye Lynch				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs Carry Hampton			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage and shock

Antecedent cause(s) (b) Crushed chest, abdomen and pelvis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Fracture of base of skull

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street	(CITY OR TOWN) Morningside	(COUNTY) P.G. (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 1-28-49 4 P.m.	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR? Run over by an automobile	

22. I hereby certify that ~~I attended the deceased from ....., 19...., to ....., 19....., that I last saw the deceased alive on ....., 19.....,~~ and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James I. Bog	Deputy Medical Examiner	Forestville Md.	1-29-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Jan 31, 1949	NAME OF CEMETERY OR CREMATORY Cedar Hill	LOCATION (City, town, or county) Suitland Md (State)
DATE REC'D BY LOCAL REG. 1-29-49	REGISTRAR'S SIGNATURE Amanda Downey	24. FUNERAL DIRECTOR Robert A Mattingly	ADDRESS Wash DC

RECEIVED
FEB 17 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0804

CERTIFICATE OF DEATH

002X 132

Reg. Dist. No. 243

1. PLACE OF DEATH:
County: Prince Georges
City or town: Glenn Dale, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 yrs., 4 mos., 8 days
Hospital, institution, or street address where death occurred:
Glenn Dale Sanatorium
How long in hospital or institution? 6 yrs., 4 mos., 8 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: D. C. County:
City or town: 2418 Snow's Court, N. W.
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Washington, D. C.
(If rural, give LOCATION)
2.(a) If veteran, name war: ✓

3.(a) FULL NAME: SMITH, ARLINE VIRGINIA

3.(b) Social Security Number: - - -

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Single

6.(b) Name of husband or wife: - - -
6.(c) If alive, give age: - years

7. Birth date of deceased (mo., day, yr.): January 7, 1941

8. AGE:	Years	Months	Days	If less than one day
	7	11	28	...hrs. ...min.

9. Birthplace: Washington, D. C.
(Town, county, and state)
10. Usual occupation: Child (None)
11. Industry or business: - - -

MOTHER
12. Name: Clarence Smith
13. Birthplace: Washington, D. C.

FATHER
14. Maiden name: Elizabeth Anderson Smith
15. Birthplace: Washington, D. C.

16. Informant: Elizabeth Smith, Mother
Address: 2418 Snow's Court, N. W.

17. Removal to Wash., D.C. Date thereof: Jan 6 1949
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory:
Location:

18. Funeral director: Joseph Janifer
Address: 1131-22nd St. N.W.

19. Jan 6, 1949 Rowland S. Phelps
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 4, 1949, at 9:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/26 1942 to 1/4 1949 and that I last saw h... alive on 1/4 1949

Immediate cause of death	DURATION
tuberculous meningitis	1 month
Due to: miliary Tuberculosis	2 mos.
Due to: Tuberculosis of 7th 8th 9th 10th Thoracic Vertebrae	5 yr 3 mos.
Other conditions: Pulmonary Tuberculosis Primary Infection (Include pregnancy within 3 months of death)	6 yr 7 mos.

Major findings at operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D.
M. D. or other
Address: Glenn Dale, Md. Date signed: 1/4/49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

RECEIVED
JAN 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0805

002x

13t

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale

LENGTH OF STAY (in this place) 5 mos., 9 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington

STREET ADDRESS (If rural, give location) 9 K. St., N. W.

3. NAME OF DECEASED (Type or Print) (First) MARGIE (Middle) SMITH (Last)

4. DATE OF DEATH (Month) Jany. (Day) 15 (Year) 1949

5. SEX Female

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 7/13/19

9. AGE last birthday 29 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY - - -

11. BIRTHPLACE (State or foreign country) Concord, North Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Frank Gilmore, Concord, North Carolina

14. MOTHER'S MAIDEN NAME Mary Parks, Concord, North Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) - - - (If year, give war or dates of service)

16. SOCIAL SECURITY No. - --

17. INFORMANT Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 8 mos

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 5, 1948, to Jany 15, 1949, that I last saw the deceased alive on Jany 15, 1949, and that death occurred at 7 45 p.m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finiecane (Degree or title) MD ADDRESS Glenn Dale Md. DATE SIGNED Jan 15, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Removal to Wash. D.C. DATE

NAME OF CEMETERY OR CREMATORY Wood Jrm

LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 1/16/49

REGISTRAR'S SIGNATURE Rowland S. Phillips

24. FUNERAL DIRECTOR John T Phinies: Co ADDRESS

901-3-7 St. N.W. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

581-1 · 0806

CERTIFICATE OF DEATH 124a

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md
LENGTH OF STAY (in this place) 36 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chillum Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prs Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) Chillum Road

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Louise (Last) Sonder

4. DATE OF DEATH: (Month) Jan (Day) 13. (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct 25, 1888.

9. AGE last birthday: 60 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Hyattsville Md

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: George a Gude

14. MOTHER'S MAIDEN NAME: Olyanna Joy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Charles George sonder (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute congestive heart failure.	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cirhosis of liver.	
	(c) Chronic alcoholism.	15 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney, M.D. Deputy Medical Examiner Hyattsville, Maryland

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Jan 15. 1949 | NAME OF CEMETERY OR CREMATORY: Ft Lincoln | LOCATION (City, town, or county) (State): Colmar Manor Md

DATE REC'D BY LOCAL REG.: Jan 15, 1949 | REGISTRAR'S SIGNATURE: Jams Berry

24. FUNERAL DIRECTOR ADDRESS: F Gaeta's sons Hyattsville Md.

RECEIVED
JAN 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1 0807 242

CERTIFICATE OF DEATH 94a Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 20 DC (Oxon Hill) | LENGTH OF STAY (in this place) One year.
HOSPITAL OR INSTITUTION OR STREET ADDRESS none

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Pr Georges.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 5600 Livingston Road SE Washington 20 DC (Oxon Hill, Md)
STREET ADDRESS (If rural give location) 5600 Livingston Rd. S.E. Washington DC

3. NAME OF DECEASED (Type or Print) (First) SARAH (Middle) Elizabeth (Last) TALBERT.

4. DATE OF DEATH (Month) Jan (Day) 21 (Year) 1949

5. SEX Fem

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH June 28 1874

9. AGE last birthday 74 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10b. KIND OF BUSINESS OR INDUSTRY own home

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME (unknown) SWALLINGS.

14. MOTHER'S MAIDEN NAME (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. none

17. INFORMANT Richard J. Berry, 5600 Livingston Rd Washington DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary occlusion — 1 hr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General Arteriosclerosis — unknown

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none.

19a. DATE OF OPERATION none | **19b. MAJOR FINDINGS OF OPERATION** —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Natural Causes | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — | (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Sept 19, 1947, to Jan 21, 1949, that I last saw the deceased alive on Jan 19, 1949, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE Paul C Van Matta (Degree or title) MD ADDRESS 5440 Silver Hill Rd SE Washington DC DATE SIGNED Jan 21 1949

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 1/24/49 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) Suitland (State) Maryland

DATE REC'D BY LOCAL REG. 1/22/49 | REGISTRAR'S SIGNATURE Carrie Campbell

24. FUNERAL DIRECTOR W. W. Chamblee Co ADDRESS 517 11th St SE

RECEIVED
JAN 25 1949
BUREAU [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

450.0 0808

CERTIFICATE OF DEATH

97 Reg. Dist. No. 345

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4407 - 30th st.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier
STREET ADDRESS (If rural give location) 4407 - 30th st.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Elizabeth	Christine	Taylor	1	24	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	May 16, 1859	89 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Michael Brabney
14. MOTHER'S MAIDEN NAME: Joanna Walpole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Miss Helen Taylor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Old age - (c) Generalized arteriosclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	—	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug. 16, 48, to Jan. 24, 1949, that I last saw the deceased alive on Jan. 23, 1949, and that death occurred at 3:45 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
David L. Layman	M.D	6311 Balto.-Ave - Riverdale, Md	1/25/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/27/49	Prospect Hill	Wash. D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 25, 1949	James Seery	Wm J. Malloy	3200 - R.I. ave. Mt. Rainier, Md.

RECEIVED
JAN 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

422.2
92 A

0809

Reg. Dist. No. 234

1. PLACE OF DEATH:

County Prince George's Co.

City or town Friendly Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 72 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Pr. Geo's Co.

City or town Friendly Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No. 8101 - Allentown Road S.E
(If rural, give LOCATION) Wash 20 D.C

2.(a) If veteran, name war

3.(a) FULL NAME GRACE TAYLOR

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife Charles C. Taylor

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 22 1864

8. AGE: Years 84 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace Washington, D.C.
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name George Raum
13. Birthplace Germany

MOTHER
14. Maiden name unknown
15. Birthplace "

16. Informant George C. Taylor

Address 8060 - Livingston Road S.E.

17. Burial Date thereof Jan 4 - 1949
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory M. E. Church Cemetery.

Location Friendly, Maryland

18. Funeral director Arthur E Simmons Jr

Address 2007 - Nichols Ave S.E.

19. Jan 1 1949 Howard I Beeal
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1st 1949, at 9 00 A.M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 15 1948, to Jan 1 1949 and that I last saw her alive on Dec 31 1948

Immediate cause of death	DURATION
Chronic degen. myocarditis	
Due to	
Due to	
Other conditions mitral insufficiency	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Alchwartzman
M. D. or other

Address 2015 Nichols St. Date signed 1/1/49

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

I

RECEIVED
JAN 11 1949
BUREAU V. S.

0810

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

420.1
94a

Reg. Dist. No. 232

1. PLACE OF DEATH:

County Prince Georges

City or town Croom
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Croom
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war No

3.(a) FULL NAME BESSIE REBECCA TAYMAN

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife Harry Packard Tayman

6.(c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) November 9, 1886

8. AGE:

Years	Months	Days	If less than one day
62	1	22	hrs. min.

9. Birthplace Pr. Geo. Co., Maryland
(Town, county, and state)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name James T. DeVaughn
13. Birthplace Maryland

MOTHER
14. Maiden name Seneretta Robey
15. Birthplace Maryland

16. Informant Mr. Harry P. Tayman
Address Croom, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 4, 1949 (month) (day) (year)

Cemetery or crematory St. Thomas

Location Croom, Pr. Geo. Co., Md.

18. Funeral director Ritchie Bros.
Address Upper Marlboro, Maryland

19. Jan 3rd 1949 (Date rec'd by registrar) R. Cornelius Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 1949, at 6:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 1948, to 1 Jan 1949 and that I last saw her alive on 15 Dec 1948

Immediate cause of death	DURATION
Coronary Thrombosis	1 sec
Due to Coronary Insufficiency + hypotension	2 mk
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R B Sasscer M. D. ~~or other~~

Address Upper Marlboro, Md. Date signed 2 Jan 49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 4 1949
BUREAU T. S.

0811

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

754.4

CERTIFICATE OF DEATH

1572

Reg. Dist. No. 239

1. PLACE OF DEATH· COUNTY PRINCE GEORGES MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE MARYLAND COUNTY PRINCE GEO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LAUREL — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN AMMENDALE
HOSPITAL OR INSTITUTION OR STREET ADDRESS WARREN HOSPITAL	STREET ADDRESS (If rural give location) AMMENDALE ROAD

3. NAME OF DECEASED (Type or Print) (First) THERESA (Middle) DARLENE (Last) TESTER

4. DATE OF DEATH (Month) JAN. (Day) 13th (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
FEMALE	WHITE	SINGLE	AUG. 13/1948	yrs.	5			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
INFANT	NONE	LAUREL, MD	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
EDWARD FRONTIS TESTER	NELLIE EMLEY GREEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
NO	NONE	NONE	EDWARD F. TESTER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia — 4 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Congenital heart disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prematurity

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 1/10, 1949 to 1/13, 1949, that I last saw the deceased alive on 1/13, 1949, and that death occurred at ~~10:30~~ 7:30 P.M. Wm. R.B p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William R. Bungf	M.D.	305 P. George St. Laurel, Md.	1/13/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	JAN. 15/49	FORT LINCOLN CEM	PRINCE GEORGES CTY	MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 14 1949	Jaens Sevey	W. W. Chambers Co	Riverdale, Md.
" " 18-49	M. Brashears		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

571.0 / 119a

0812 2 3 4

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Pr. Geo. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton
LENGTH OF STAY (in this place) en-route to
HOSPITAL OR INSTITUTION OR STREET ADDRESS DC Hosp ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Alton
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joseph	MARYLAND	THOMPSON	1	15	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
M	C	S	11-25-48	— yrs.	1	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	Bel Alton Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John MARYLAND THOMPSON	MARY ELIZABETH BUTLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
NO	—	"

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Infectious Diarrhea — Interval between onset and death: 2 days.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—			m.		—

22. I hereby certify that I attended the deceased from 1-15, 1949, to 1-15, 1949, that I last saw the deceased alive on 1-15, 1949, and that death occurred at 12 Noon m., from the causes and on the date stated above.

SIGNATURE J. Edelen (Degree or title) M.D. ADDRESS LaPlata Md. DATE SIGNED 1-15-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	1/16/49	St. Ignatius	Bel Alton	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/16/49	Julia H. Pacey Mrs. Alton Davis	John M. Thompson	Bel Alton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

422.2 0813

92d Reg. Dist. No. 239

1. PLACE OF DEATH:
County Prince George
City or town Laurel Md - 41 Washington Ave
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 38 years
Hospital, Institution, or street address where death occurred:
How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County
City or town Laurel
(If outside city or town limits, write RURAL and give nearest town)
Street No. 41 Washington Ave
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Edward Franklin Tolson

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	widowed

6.(b) Name of husband or wife Mary E Tolson
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15, 1865

8. AGE: Years 83 | Months 5 | Days 22 | If less than one day hrs. min.

8. Birthplace Baltimore Md
(Town, county, and state)

10. Usual occupation Retired Government Employee

11. Industry or business

FATHER
12. Name John Tolson
13. Birthplace Maryland

MOTHER
14. Maiden name Maria Tolson
15. Birthplace Maryland

16. Informant Edna I. Holmes
Address 41 Washington Ave Laurel Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 5, 1949 (month) (day) (year)

Cemetery or crematory Landon Park Cemetery
Location Baltimore Maryland

18. Funeral director DeWitt Davidson
Address Laurel, Maryland

Jan 4 1949 M. Brashears
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 2. 1949 at 10. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-8- 1949, to 1-2 1949
and that I last saw h= alive on 1-2 1949

Immediate cause of death	DURATION
Myocarditis	18 yr +
Endocarditis -	
Due to —	
Due to —	
Other conditions Hypertension Cirrhosis	17 yr +

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W B Johnson M. D. or other
Address Laurel Date signed 1/8/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JAN 7 1949
BUREAU V. S.

CHANGE OF BIRTH DATE + ADDITION OF BIRTHPLACE SHOWN ON FILM No. G 118 JAN 19 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

900.0 / 186a

0814

CERTIFICATE OF DEATH

Reg. Diat. No. 231

1. PLACE OF DEATH:

County Prince George

City or town Cheverly Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 months, 15 days

Hospital, Institution, or street address where death occurred: Prince George Genral Hospital

How long in hospital or institution? 3 months, 15 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Mt. Rainier, Md

(If outside city or town limits, write RURAL and give nearest town)

Street No. 3428 Rhode Island N.E.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME White, George Dewey

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M-	W.	Single-

B.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28, ~~1896~~ 1898

8. AGE: Years	Months	Days	If less than one day
50 yrs.	5		hrs. min.

9. Birthplace WASHINGTON D.C. (Town, county, and state)

10. Usual occupation Steam-fitter

11. Industry or business

FATHER 12. Name George White

13. Birthplace Maryland

MOTHER 14. Maiden name Sadie Flaherty

15. Birthplace Ireland

16. Informant Myrtle Rent

Address 5127-16th St. N.E.

17. Burial, cremation, or removal. Which?) Burial Date thereof 1/5/49 (month) (day) (year)

Cemetery or crematory Cedar Hill

Location Suitland Maryland

18. Funeral director Wm. J. Malley

Address 3200-R.I. Ave. Mt. Rainier, Md.

19 Jan 4 1949 (Date rec'd by registrar) Amanda H Downey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 1949, at 6.35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Hypostatic pneumonia	
Due to Cervical cord accident	
Due to Fall down steps	
Other conditions Cystitis, Pyelitis bilateral.	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 9-15-45

Where did injury occur? Mt Rainier, Pr. Geo. Md

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Fell down stairs Injured at work?

23. SIGNATURE John D. Maloney, Deputy M.d. Examiner

M. D. or other

Address Cheverly-Hyattsville Md Date signed 1-1-49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

443X 0815

CERTIFICATE OF DEATH 936

Reg. Dist. No. 745

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier
LENGTH OF STAY (in this place) 32 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prs Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier
STREET ADDRESS (If rural, give location) 4219 - 31 st.

3. NAME OF DECEASED (Type or Print): (First) mary (Middle) Elizabeth (Last) widenmyer

4. DATE OF DEATH: (Month) Jan (Day) 10 (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Nov 9, 1873

9. AGE last birthday: 75 yrs. | If under 1 year: Months. Days. | If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY: housewife

11. BIRTHPLACE (State or foreign country): Penna

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Hoff

14. MOTHER'S MAIDEN NAME: Kattie willauer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT: Mrs Beatrice Hambler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial weakness & Failure	3 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension Cardio Vascular Disease	10 years
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senility	3 years

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED Whilo at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-24, 1947, to 1-10, 1949, that I last saw the deceased alive on 1-9, 1949, and that death occurred at 4 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W B Meyer M.D. — ADDRESS: Mt. Rainier Md — DATE SIGNED: 1-10-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 1/12/49 — NAME OF CEMETERY OR CREMATORY: Ft Lincoln — LOCATION (City, town, or county) (State): Colmar Manor Md

DATE REC'D BY LOCAL REG.: Jan 11, 1949 — REGISTRAR'S SIGNATURE: James Berry

24. FUNERAL DIRECTOR: Francis Gaeth's sons — ADDRESS: Hyattsville Md

VS. A15

RECEIVED
JAN 12 1949
BUREAU V. S.